

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Margaret Addis</i>		Town <i>Blue Hill</i>		County <i>P. G.</i>		MARYLAND	
Died at <i>Blue Hill</i>		Month <i>Oct</i>		Day <i>3</i>		Age <i>1</i>	
Date of death <i>1906</i>		Month <i>Oct</i>		Day <i>3</i>		Years <i>1</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>		Days <i>1</i>	
Occupation <i>house</i>		Where Residing if not at place of death <i>Colinton</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>					
Father's Name <i>L. D. Addis</i>		Father's Birthplace <i>W. Va.</i>					
Mother's Maiden Name <i>Unknorore</i>		Mother's Birthplace <i>_____</i>					
Name of person giving information <i>L. D. Addis</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

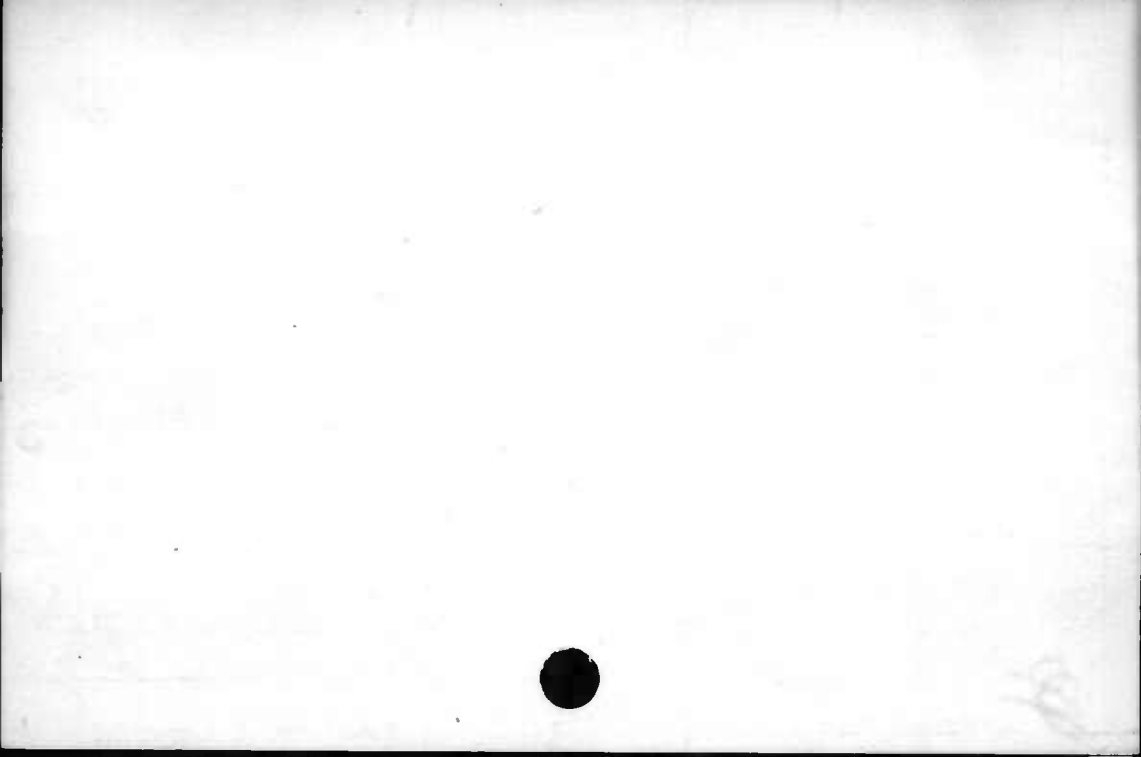
Primary <i>Violent & surgical</i>	How long <i>3 days</i>
Immediate <i>Exhaustion</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John P. Weaver</i>
	Address <i>Colinton</i>
Accident or Suicide? <i>Accident</i>	

Dear John,

I did not see this
child. All information
from its father.

Yours
J. H. W.

Name in Full		Georgianna Berry				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Laurel		D Pr		Georgies Co		
	Date of death	1906	Month	Oct	Day	24 th	Age
					Years		75
	Sex		Female		Color or Race		White
	Occupation		— — — —		Birth-place		Pr Georgies Co. Md.
				Where Residing if not at place of death		Laurel Md	
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		John T. Berry				Father's Birthplace	
						Pr Gs Co	
Mother's Maiden Name		Ann Sophia Smith				Mother's Birthplace	
						Pr Gs Co	
Name of person giving information		John P. Berry				How related to deceased	
						Brother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Intestinal Carcinoma				How long
							Five months
	Immediate		General Septic Condition				How long
							Six Weeks
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		John Cronmiller Md	
				Address		Laurel Pr Gs Co. Md	
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Forrestville</i>		<i>Boone</i> County		MARYLAND	
Date of death	1906	Month	Oct	Day	28
Age		Years		Months	Days
Sex		Color or Race		Birth-place	
<i>Female</i>		<i>Colored</i>		<i>Ma</i>	
Occupation			Where Residing if not at place of death		
<i>None</i>			<i>—</i>		
Married Single		Name of Mother			
<i>Single</i>		<i>Edward Boone</i>		Father's Birthplace	
Father's Name		Mother's Maiden Name		Mother's Birthplace	
<i>Alice Ryan</i>		<i>Ma</i>		<i>Ma</i>	
Name of person giving information			How related to deceased		
<i>Edward Boone</i>			<i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bad Cold</i>	How long	<i>(90)</i>
Immediate	<i>Malnutrition</i>	How long	<i>Since birth</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>John E. Samsbury, M.D.</i>	
Address		<i>Forrestville</i>	
<i>Ma.</i>			
Accident or Suicide?			
<i>—</i>			



P.

Name in Full

Certificate of Death

Pearl Brodie

Town

County

Died at Lakeland

Prince Georges

MARYLAND

Date 1906 Month October Day 13

Age

Y.

M.

D.

Native of

Occupation

Date 1906

October 13

Age

Y.

M.

D.

Native of

Occupation

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Richmond Brodie

Mother's

Name

Rosa Lee Brodie

Cause of

Primary

Exp to Cold

Death

Immediate

Pneumonia

How long sick

1 week

Accident, Suicide, Homicide

Reported by

H. D. Englewood M.D.

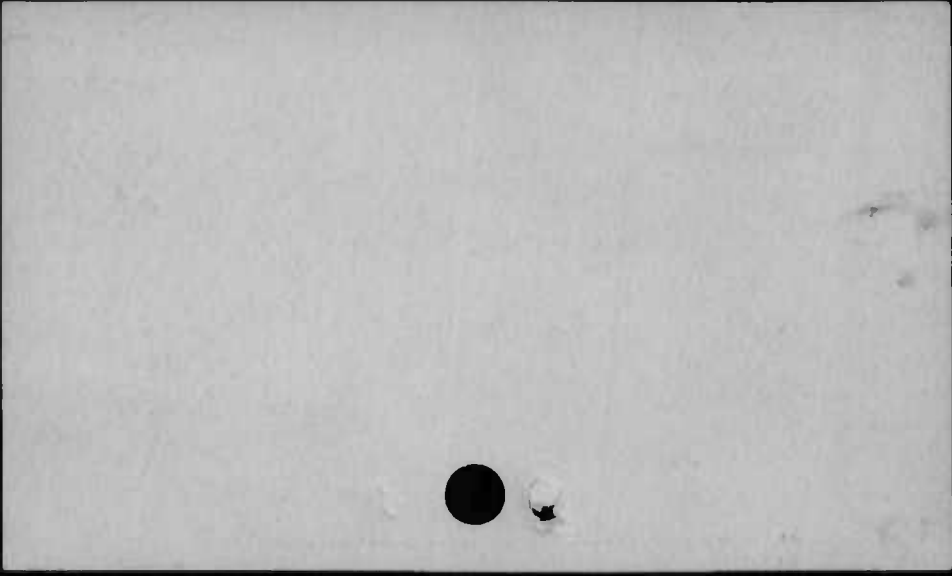
Address

Orange Park

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

M.L.

LIBRARY BUREAU, 79895



Name
in
Full

Richard Bruce

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Frostville ^{County} Pledge

Date of death 1906 ^{Month} Oct ^{Day} 23 ^{Age} 4 ^{Years} 8 ^{Months} — ^{Days} —

Sex Male Color or Race Colored Birth-place Md

Occupation Laborer Where Residing If not at place of death —

Married, Single or Widowed Married Name of Wife Lucy Bruce

Father's Name Bruce Father's Birthplace Md

Mother's Maiden Name Emily Addison Mother's Birthplace Md

Name of person giving information Edward Boone How related to deceased None

CAUSES OF DEATH

Primary Natural Causes (199) How long Sudden

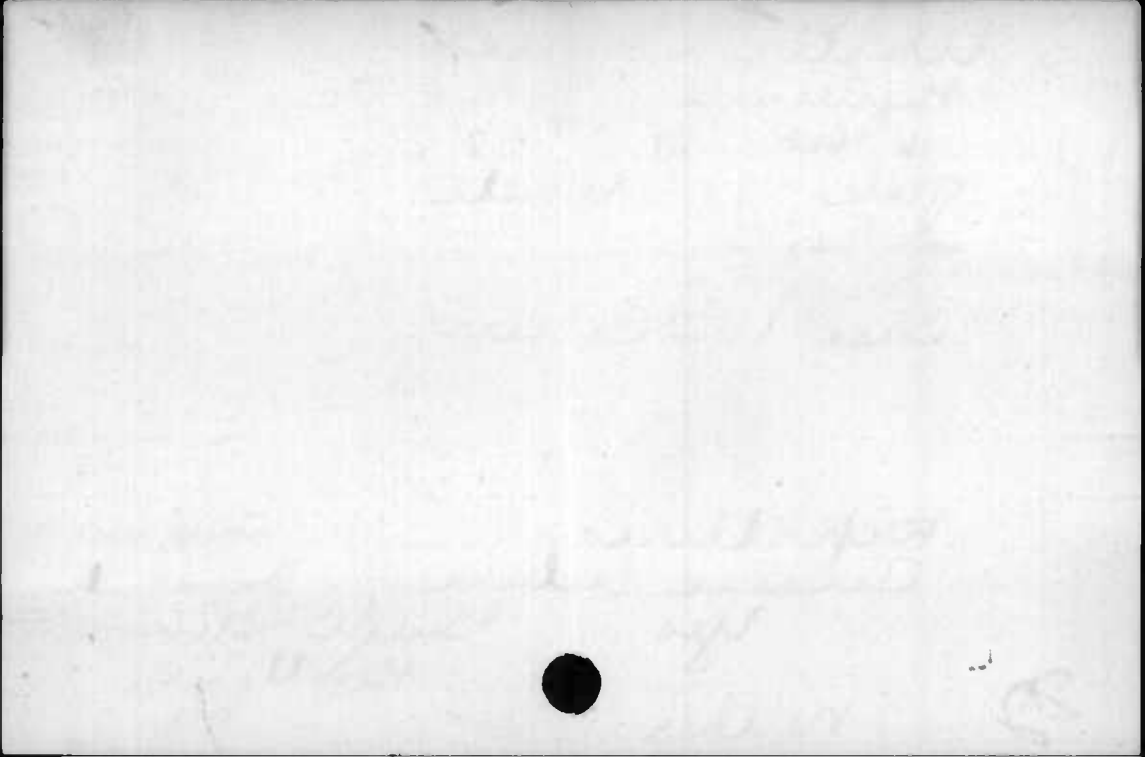
Immediate Heart disease How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician John E. Samsbury M.D.

Address Frostville Md

Accident or Suicide?



Name
in
Full

Walter Collier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hyattsville		^{County} Br Geo Co		MARYLAND	
Date of death	1906	Month	Oct	Day	31
		Age	7	Years	
Sex	Male	Color or Race	White	Birth-place	
Occupation	School	Where Residing If not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Chas. Wm Collier			Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diphtheria	How long	Two weeks
Immediate	Cardiac failure	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Suy W. Batemore	
Address		Hyattsville Md	
Accident or Suicide?		Neither	



Name
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Geneva Cook

CERTIFICATE OF DEATH

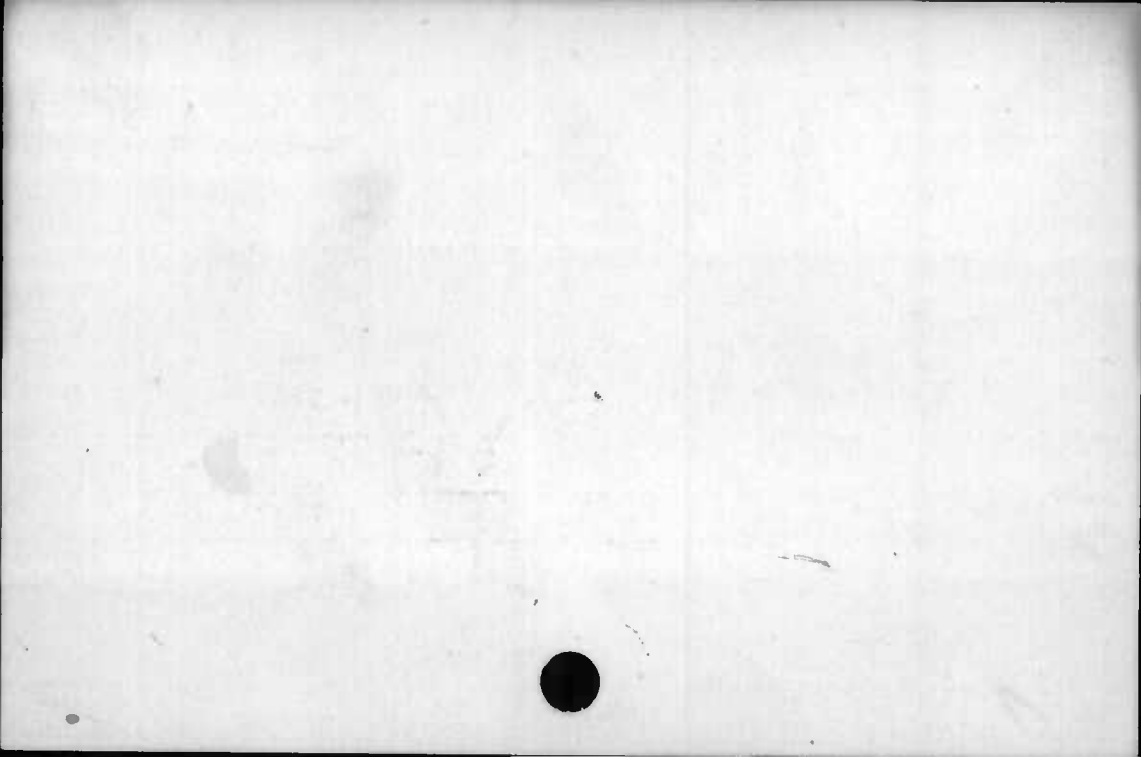
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pasaryville</i> <small>Town</small>		<i>Pr Geo</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i> <small>Year</small>	<i>Oct</i> <small>Month</small>	<i>22</i> <small>Day</small>	<i>10</i> <small>Months</small>	<i>10</i> <small>Days</small>
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Washington DC</i>
Occupation	<i>None</i>		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>Harry Cook</i>		Father's Birthplace	<i>Washington DC</i>	
Mother's Maiden Name	<i>Jeressa Brown</i>		Mother's Birthplace	<i>MD</i>	
Name of person giving information	<i>Phelps Brown</i>		How related to deceased	<i>Uncle</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Malnutrition</i>	How long	<i>(15)</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. H. Gibbons</i>		
<input checked="" type="checkbox"/> Accident or Suicide?	Address <i>Croom MD</i>		



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Jacob Cook

Died at Upper Marlboro Prince Georges County

Date of death 1906 Oct 18 Age 62 Months Days

Sex Male Color or Race White Birth-place Pa

Occupation Hotel Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband Lizzie Cook

Father's Name Robert Cook Father's Birthplace Pa

Mother's Maiden Name Mother's Birthplace

Name of person giving information Lizzie Cook How related to deceased Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

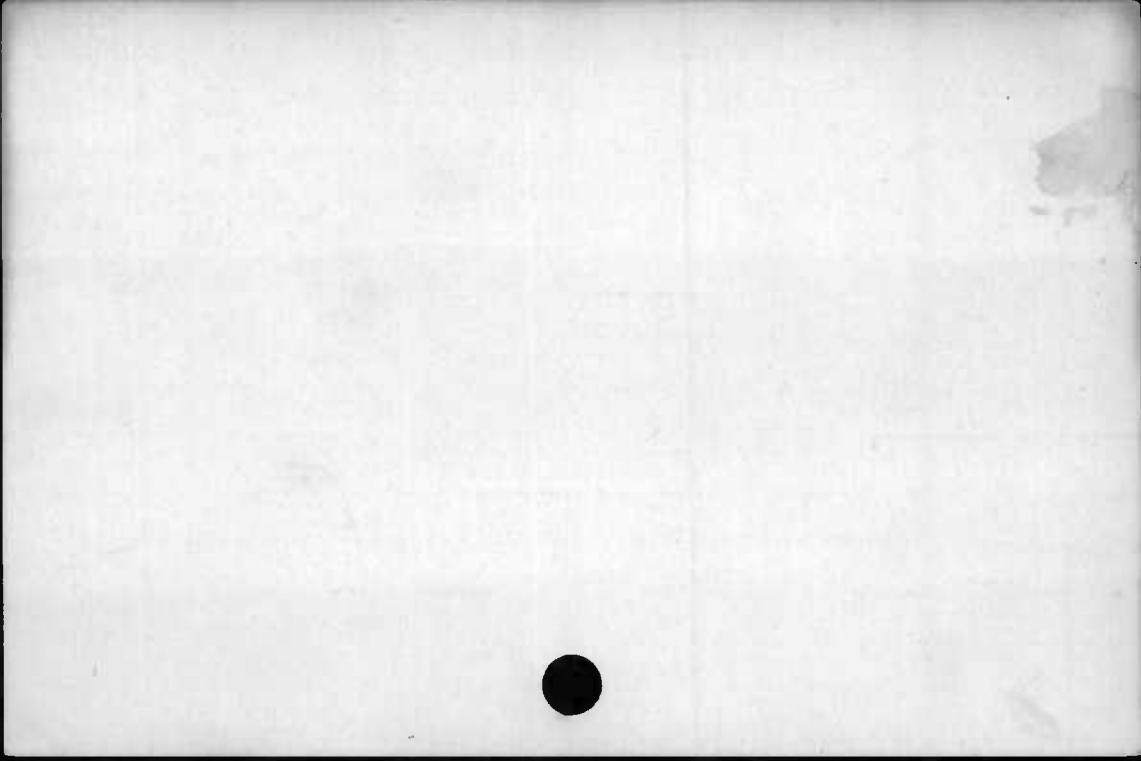
Primary Bright's disease How long Don't know

Immediate How long

Are the name, age, sex, color, date and place correctly given above? Signature of Physician Dr. Giffith

Address Upper Marlboro
Me

Accident or Suicide?



Thomas Cook

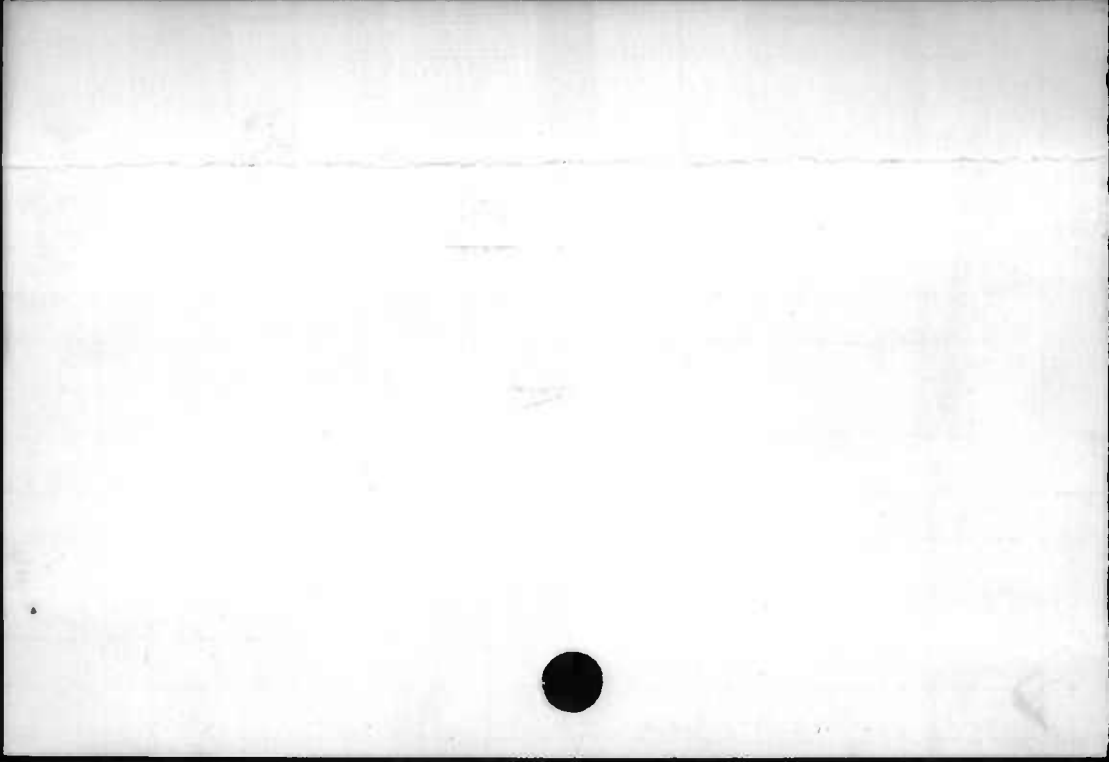
CERTIFICATE OF DEATH

NEAREST FRIEND

Died at		Capital Heights		Prince George		MARYLAND	
Date of death	1906	Month	October	Day	27 th	Age	72
Sex	Male		Color or Race	White		Birthplace	Alex. Va
Occupation	Machinist			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Single			R. V. Cook				
Father's Name			Thomas Cook			Father's Birthplace	
						D.C.	
Mother's Maiden Name			Rosie Mc Glenon			Mother's Birthplace	
						Alex. Va	
Name of person giving information			Rose B. Cook			How related to deceased	
						Wife	

CAUSES OF DEATH

Primary	Sexual debility.	154	How long	About one year
Immediate	Exhaustion		How long	About 24 hours.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		R. A. Schoonover, M.D.		
		Address		
		203 Anacostia Ave		
		Benning, D.C.		
Accident or Suicide?				



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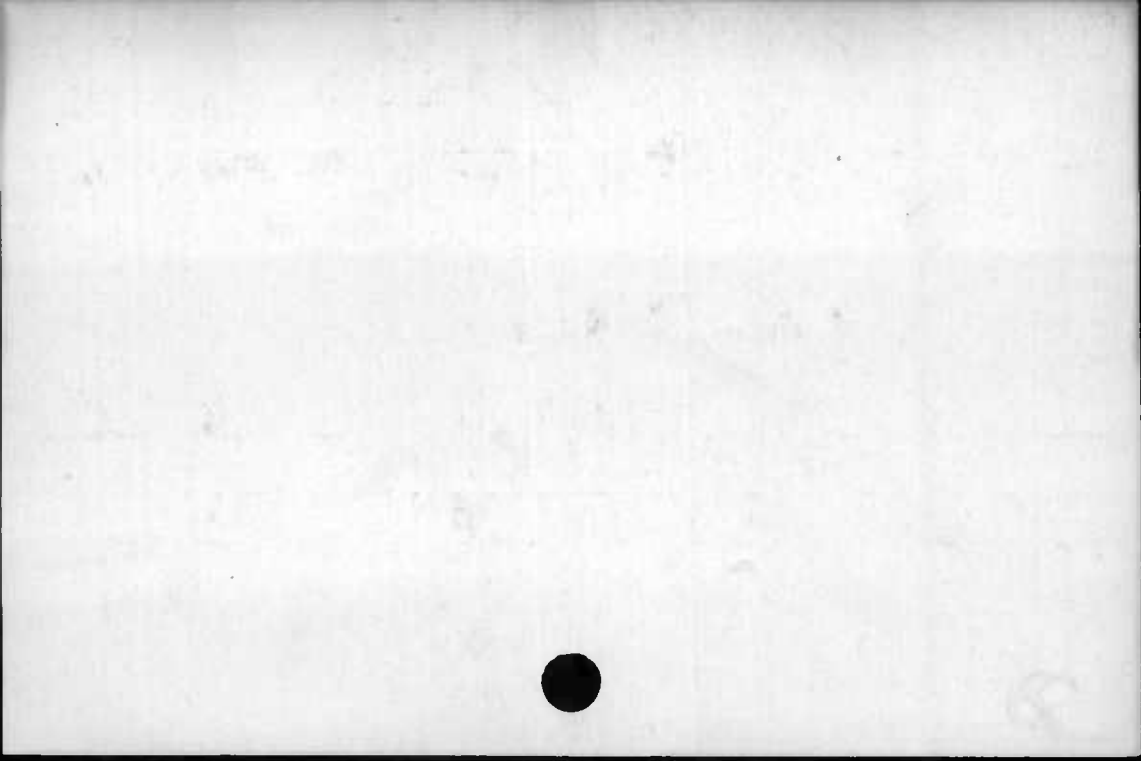
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Samuel Crawford</i>		Town <i>Taels</i>		County <i>P. 4</i>		MARYLAND	
Died at <i>Taels</i>		Month <i>Oct</i>		Day <i>17</i>		Years <i>63</i>	
Date of death <i>1906 Oct 17</i>		Age <i>63</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>P. R. G. Md</i>			
Occupation <i>Lanner</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sophia Crawford</i>					
Father's Name <i>David Crawford</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Edward Crawford</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Gastritis</i>	How long <i>104 yrs</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Griffith</i>
Only saw him	Address <i>upper Marlboro, Md</i>
Accident or Suicide?	<i>about ten day ago, mes.</i>



Name in Full		Lucy Catherine Davis				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Laurel		County Pr. Gen		MARYLAND
	Date of death		1906	Month 10	Day 22	Age 16	Months Days
	Sex		female		Color or Race white		Birth-place Fairfax Co Va.
	Occupation		Where Residing if not at place of death				
	Married, Single or Widowed		Single		Name of Wife or Husband		
PHYSICIAN OR CORONER	Father's Name		Matthew Davis			Father's Birthplace Fairfax	
	Mother's Maiden Name		Katie Hamilton			Mother's Birthplace Nelson Co Va.	
	Name of person giving information		Katie M. Davis			How related to deceased Mother	
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary		Emphysema			How long 3 mo	
	Immediate		Heart failure			How long 3 days	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician J. R. B. [Signature]		
					Address Laurel Md		
Accident or Suicide?							



8

Name
in
Full

Lillian Marie Dorsey

CERTIFICATE OF DEATH

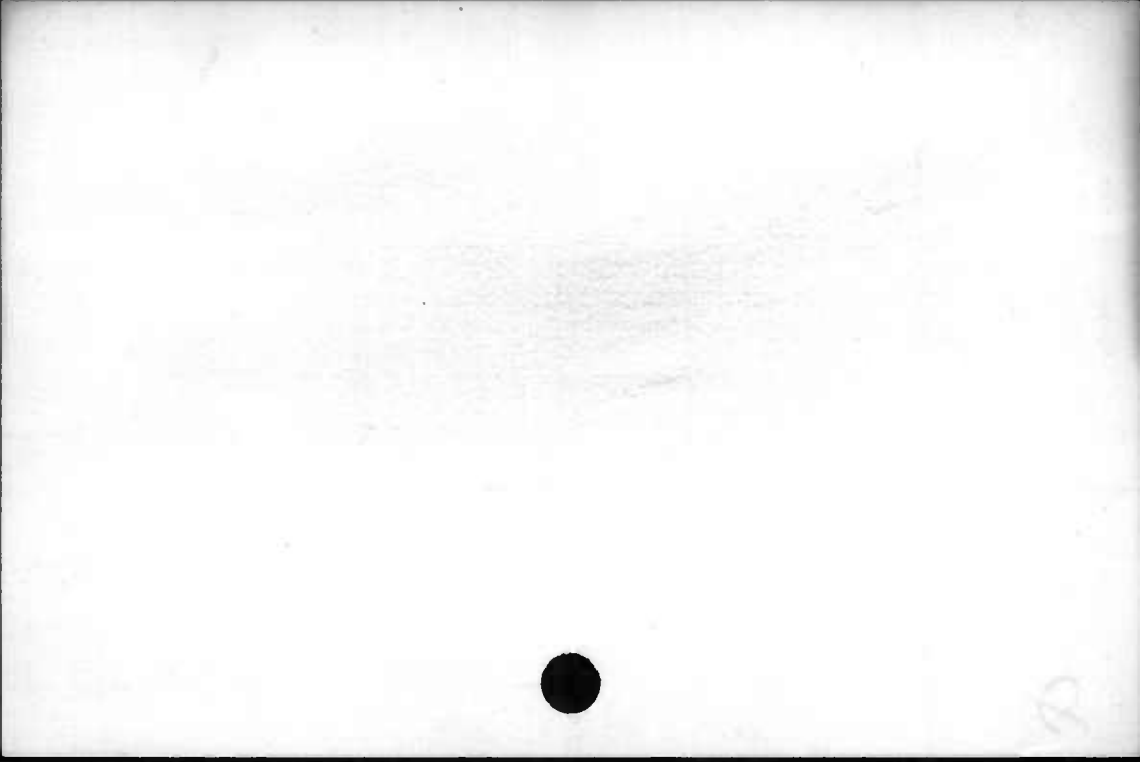
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Laurel		County P. George		MARYLAND	
Date of death	1906	Month 10	Day 21	Age 2	Years 2	Months 10	Days 3
Sex	Female		Color or Race	white		Birth- place	Laurel
Occupation	Child			Where Residing if not at place of death		Laurel	
Married, Single or Widowed			Name of Wife or Husband				
Father's Name				Benjamin F. Dorsey			
Father's Birthplace				Laurel			
Mother's Maiden Name				Ella F. Slater			
Mother's Birthplace				Davage			
Name of person giving In formation				B. F. Dorsey		How related to deceased	
						Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Intermittent Crocops		How long	2 days
Immediate	Suffocation		How long	few hours
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	
			Address	
Accident or Suicide?				



Name
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Full

CERTIFICATE OF DEATH

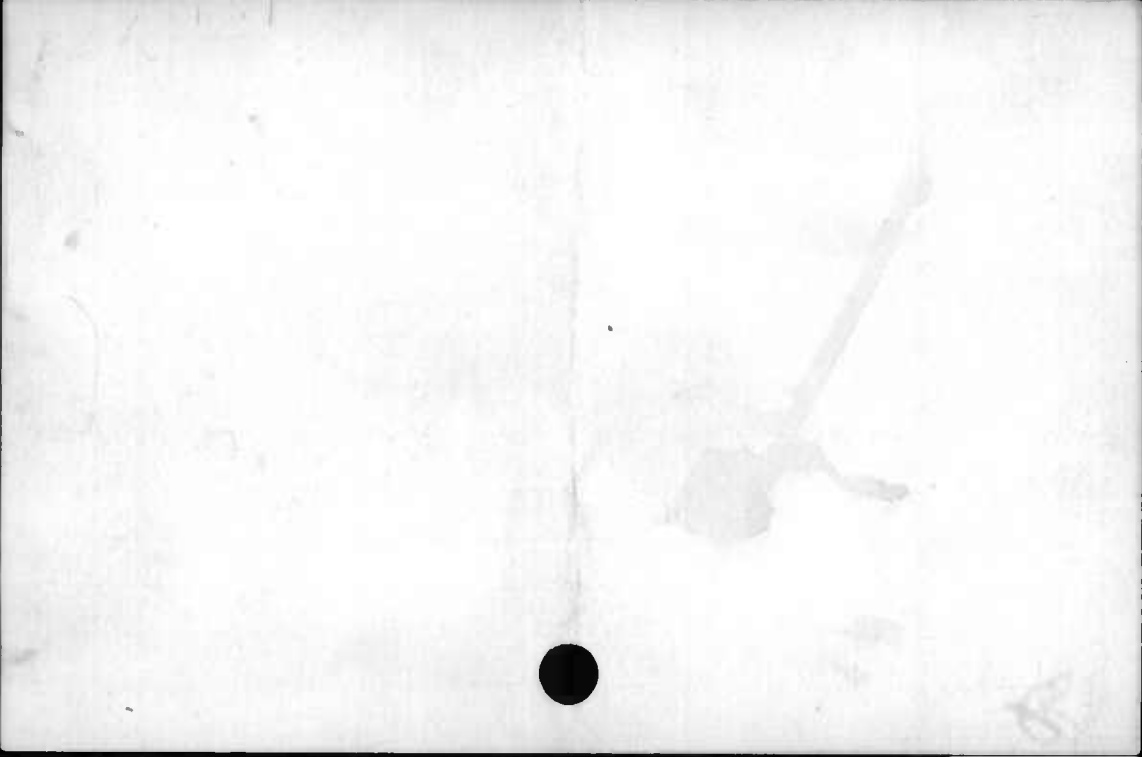
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary E. Douglas</i>		Town <i>Aguasco</i>		County <i>Pr. Ws.</i>		MAYLAND	
Died at		Month <i>Oct</i>		Day <i>24</i>		Years <i>30</i>	
Date of death <i>1906</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Aguasco Ind.</i>			
Occupation <i>Maid</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Robert W. Douglas</i>				Father's Birthplace <i>Aguasco Ind.</i>			
Mother's Maiden Name <i>Julia Brooks</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>Robert W. Douglas</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Unknown</i>	How long <i>127</i>
Immediate <i>Septic Endometritis</i>	How long <i>One month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. M. Brown</i>
	Address <i>Aguasco Ind.</i>
Accident or Suicide? <i>No.</i>	



Name
In
Full

CERTIFICATE OF DEATH

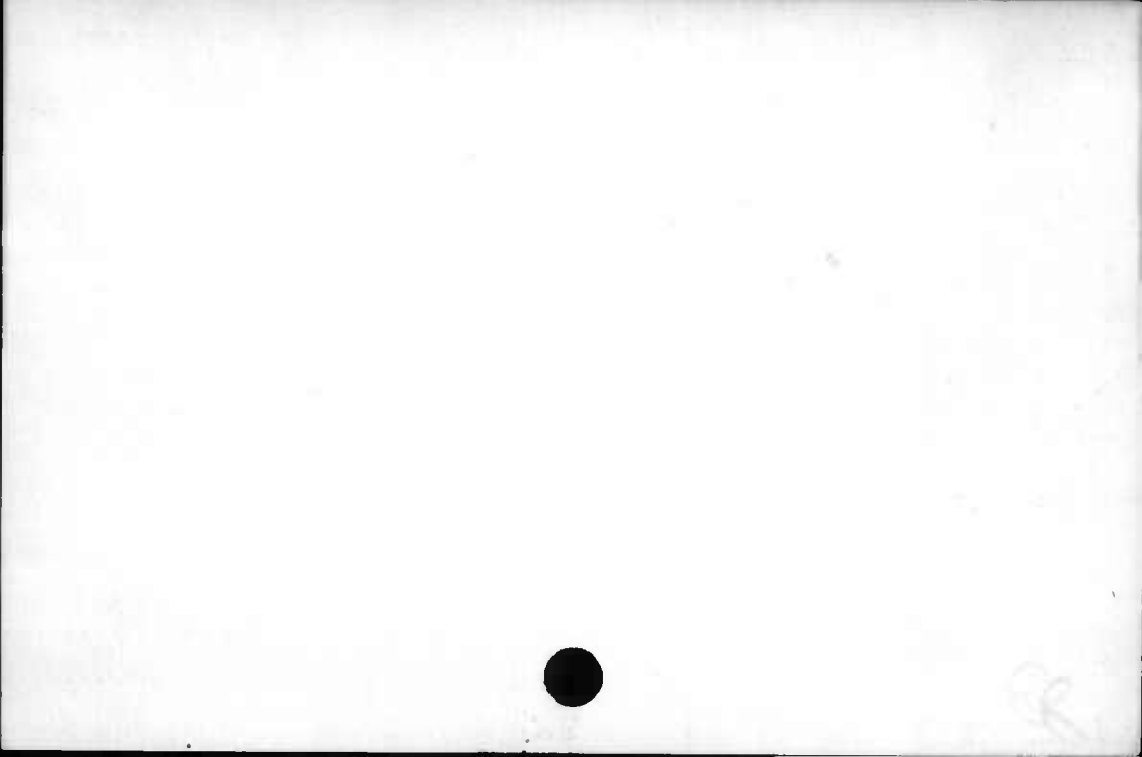
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baden</i> ^{Town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death	1906	Month	10	Day	29
Sex	female	Color or Race	Colored	Age	73
Occupation	<i>Housewife</i>		Where Residing if not at place of death	Months	Days
Married, Single or Widowed	married	Name of Wife or Husband	<i>Richard Duckell -</i>		
Father's Name			Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name			Mother's Birthplace	<i>Maryland</i>	
Name of person giving information	<i>Neal Duckell -</i>		How related to deceased	<i>son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart Disease and an attack while going to church and died before reaching home</i>	How long	<i>4 yrs</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Neal Duckell, Sr.</i>
		Address	<i>of Baden Md.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

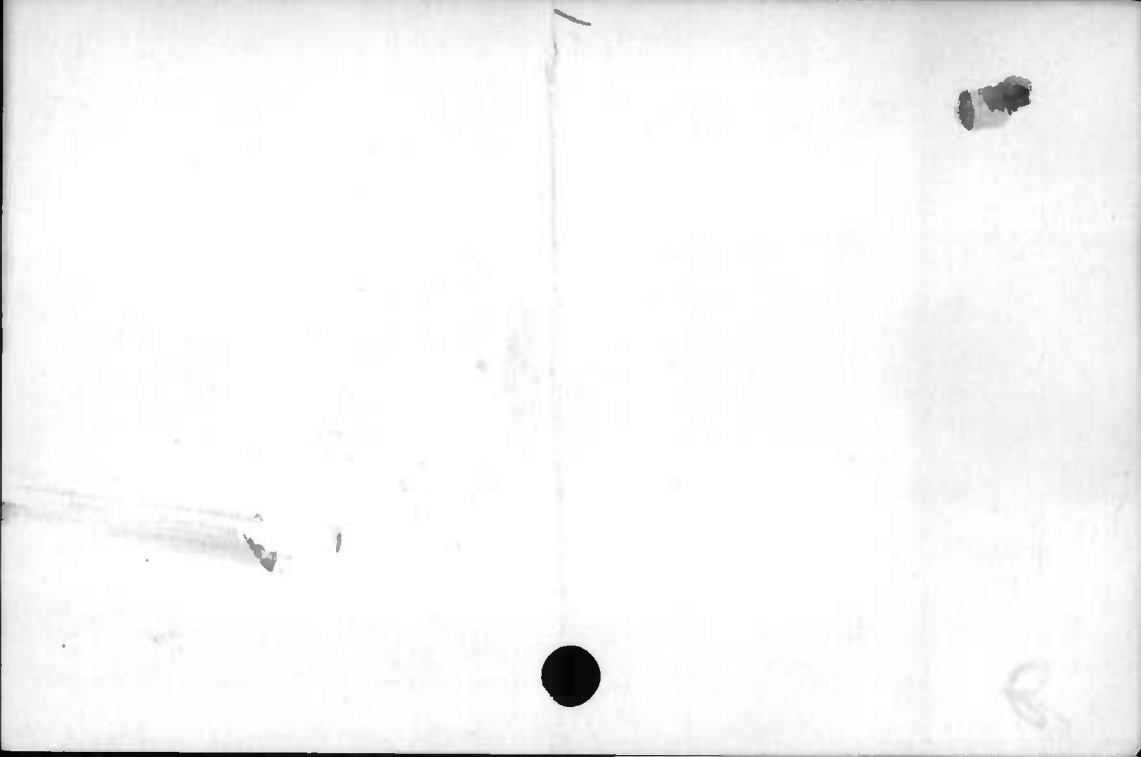
MARYLAND

Died at <i>Phundale</i> Town		<i>P. D.</i> County			
Date of death	<i>1906</i>	Month	<i>Oct</i>	Day	<i>7</i>
		Years	<i>15</i>	Age	<i>15</i>
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Phundale P. D. Md.</i>
Occupation	<i>House Girl</i>	Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Robert F. Fletcher</i>	Father's Birthplace			
Mother's Maiden Name	<i>Martha Mitchell</i>	Mother's Birthplace			
Name of person giving information	<i>Robert F. Fletcher</i>	How related to deceased			
		<i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid fever</i>	How long	<i>8 days</i>
Immediate	<i>Cardiac Arrest</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. M. C. Durrall M.D.</i>
		Address	<i>Springfield Md.</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

George Edward Franklin

CERTIFICATE OF DEATH

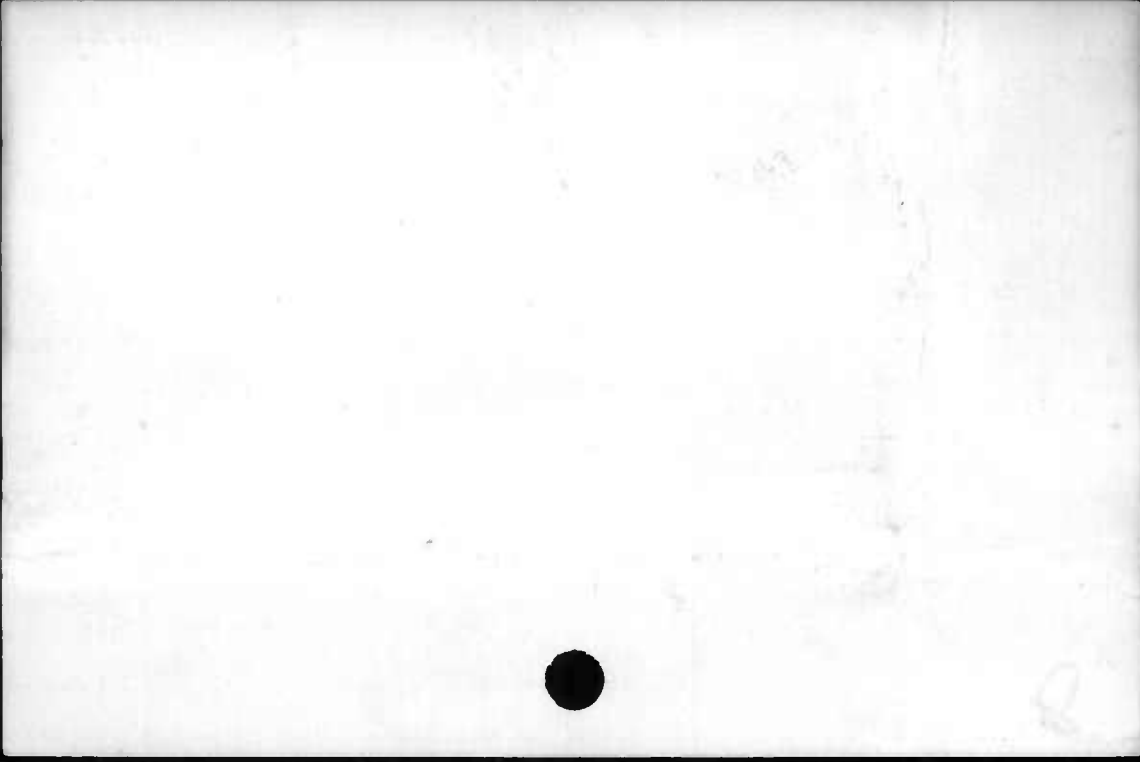
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Annapolis		County Prince Georges		MARYLAND	
Date of death		1906	Month Oct	Day 6	Age	2	Months 2
Sex		male		Color or Race		Colored	
Occupation		-		Birth-place		Annapolis	
Where Residing if not at place of death				Annapolis			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		William Henry Franklin				Father's Birthplace	
Mother's Maiden Name		Martha Hollingsworth				Mother's Birthplace	
Name of person giving information		Philip Franklin				How related to deceased	
						Cousin	

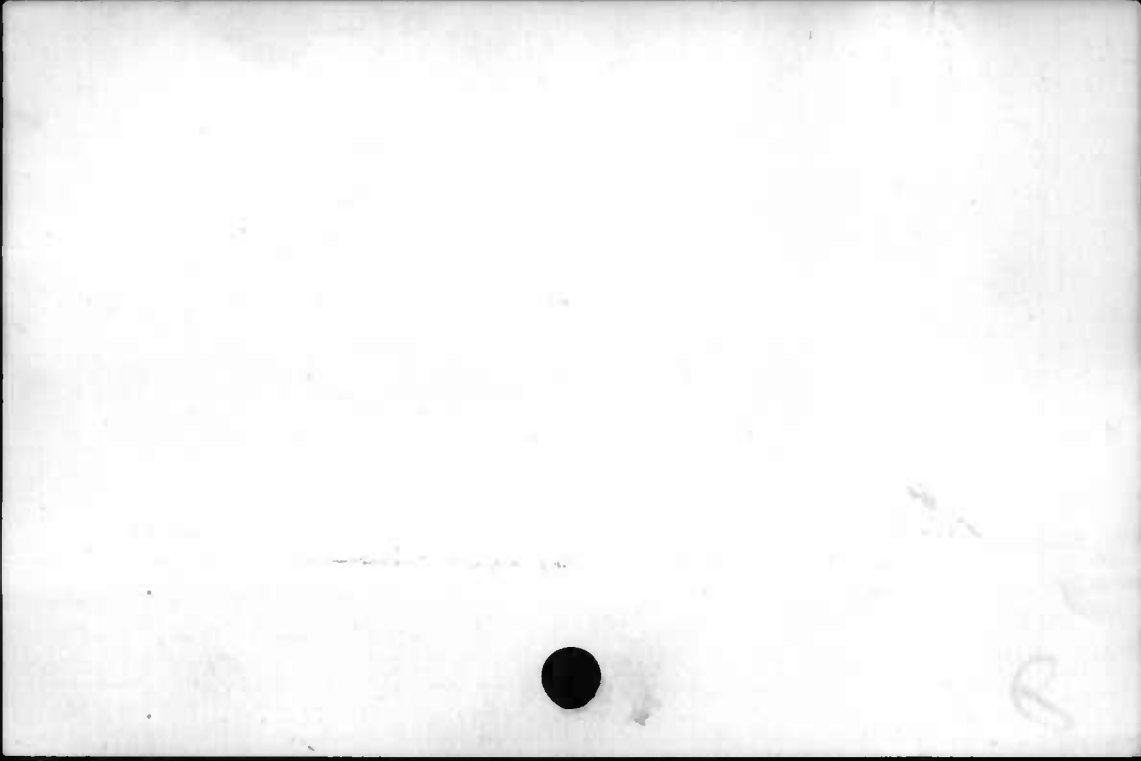
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	(93)	How long	about 5 or 6 days
Immediate	pneumonia		How long	" "
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
			B. A. Fox	
			Baltimore Md	
Accident or Suicide?				



Name in Full		mailed. Ella Giddings				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Berwyn ^{Town}		Prince George ^{County}		MARYLAND	
	Date of death	1906	Month October	Day 28	Age 14	Years 9	Months 10
	Sex	Female		Color or Race	White		
	Occupation	Child		Birth-place	Berwyn Md		
				Where Residing if not at place of death	Bryn		
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Samuel Giddings			Father's Birthplace	Prince George	
Mother's Maiden Name	Mary Ella Hart			Mother's Birthplace	Prince George		
Name of person giving information	Farther			How related to deceased	Farther		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center; font-size: 2em; border: 2px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">27</div>							
PHYSICIAN OR CORONER	Primary	Tuberculosis following Typhoid.				How long	Ten months,
	Immediate	Exhaustion.				How long	One week.
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	R.B. Johnston, M.D.	
	Yes		Address		Berwyn, , Md.		
	Accident or Suicide?						



Name in Full		Griffith				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Clinton</u> ^{Town}		<u>P. G.</u> County		MARYLAND			
	Date of death	<u>1906</u>	Month	<u>Oct</u>	Day	<u>12</u>	Age	<u>me</u>
	Sex <u>Female</u>		Color or Race <u>Black</u>		Birthplace <u>Ind</u>		Months	<u>me</u>
	Occupation <u>None</u>		Where Residing if not at place of death		<u>Clinton</u>			
	Married, Single or Widowed		Name of Wife or Husband					
	Father's Name <u>Alfred Griffith</u>		Father's Birthplace <u>Ind</u>		Mother's Birthplace <u>Ind</u>			
	Mother's Maiden Name <u>Smith</u>		Name of person giving information <u>Alfred Griffith</u>		How Related to deceased <u>Father</u>			
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		<u>Premature birth</u>		How long			<u>me</u>
	Immediate		<u>me</u>		How long			<u>me</u>
	Are the name, age, sex, color, date and place correctly given above?		<u>me</u>		Signature of Physician <u>John Libbasing</u>			
					Address <u>Clinton</u>			
Accident or Suicide? <u>Ind</u>								

I did not see this
case. Information
from father.
J. L. W.

Name

In Full

CERTIFICATE OF DEATH

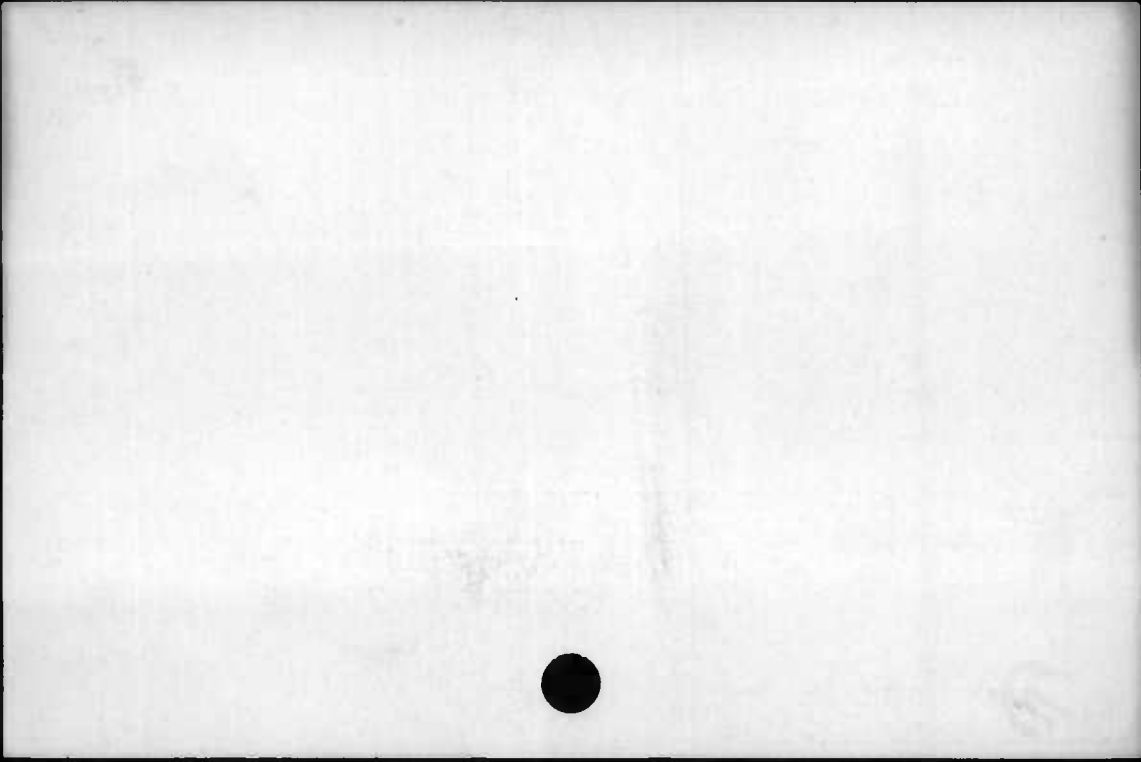
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Meadows</i> Town <i>Prager</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>Oct</i>	Day <i>21</i>	Years <i>21</i>
Sex <i>Male</i>		Color or Race <i>Black</i>	Birth-place <i>—</i>
Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>	
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>John Harrison</i>	Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Mary Brown</i>	Mother's Birthplace <i>P.R.C. Va</i>		
Name of person giving information <i>Bernard Linnius</i>	How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>Don't know</i>
Immediate <i>as far as I know</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>I know</i>	Signature of Physician <i>D. G. Griffith</i>
	Address <i>Upper Warehouse Va</i>
Accident or Suicide? <i>Saw the patient but not</i>	



Name
in
Full

Robert Hankins.

CERTIFICATE OF DEATH

Died at *Brightseat* ^{Town} *P. Co.* ^{County}
 Date of death *1906* ^{Month} *Oct* ^{Day} *15* ^{Years} *114* ^{Months} *—* ^{Days} *—*

Sex *male* Color or Race *Colored* Birth-place *—*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Lizzie Hankins.*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Sam Smith* How related to deceased *Son-in-law*

CAUSES OF DEATH

Primary *Old Age* *154* How long *—*
 Immediate *debility* How long *—*

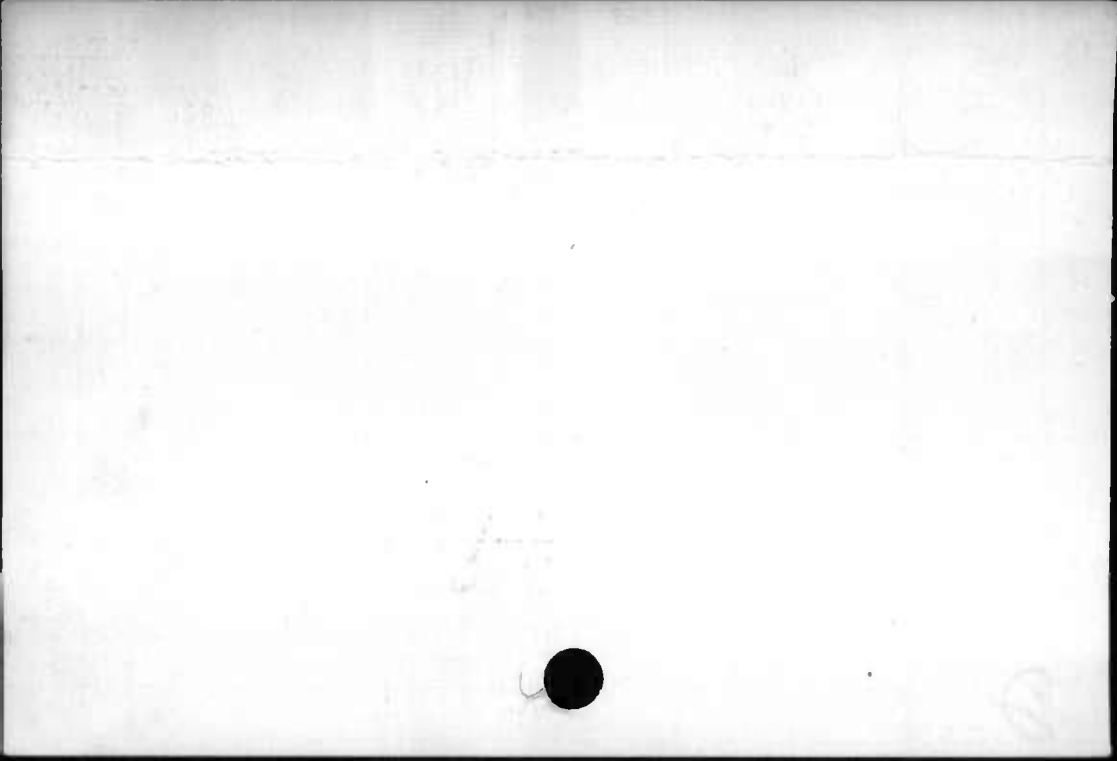
Are the name, age, sex, color, date and place correctly given above? *yes.* Signature of Physician *John E. Lamburn*

D Address *Forestville Md.*

Accident or Suicide? *—*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Edgar F. G. Hazle

CERTIFICATE OF DEATH

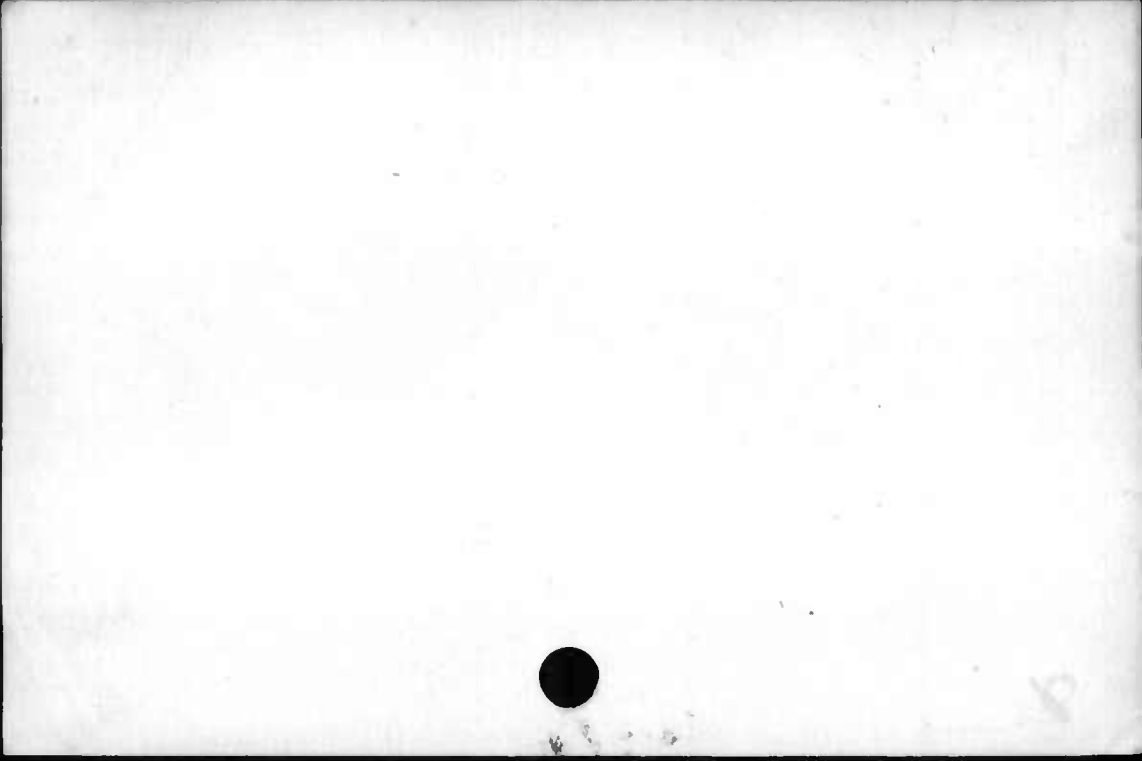
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Brentwood		County P.G.		MARYLAND	
Date of death		1906	Month Oct	Day 1	Years 39	Months	Days
Sex		Male		Color or Race		white	
Occupation		Printer		Where Residing if not at place of death		Brentwood	
Married, Single or Widowed		Married		Name of Wife or Husband		Etta V. Hazle	
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation		Etta V. Hazle		How related to deceased		Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Anaemia	How long	two years
Immediate	Conjestion of Lungs	How long	4 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		John S. Dorsey	
Address		20 & R. 8. Ave. N. E. Wash. D.C.	
Accident or Suicide?			



Name
in
Full

Francis Holliday

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

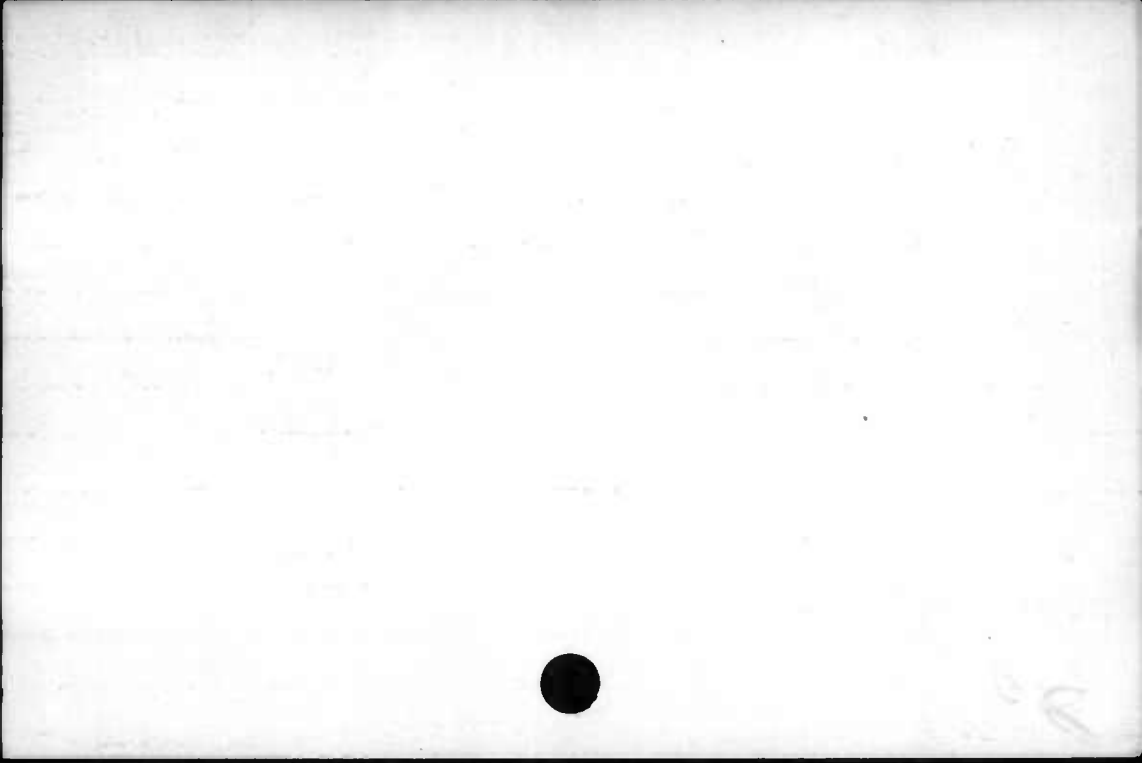
MARYLAND

Died at <u>Clinton</u>		Town <u>P.G.</u>		County	
Date of death	1906	Month	Oct	Day	20
Age		50		Months	
Sex	Female	Color or Race	Black	Birth-place	Ind
Occupation	Housework		Where Residing if not at place of death <u>Clinton</u>		
Married, Single or Widowed	Name of Wife or Husband		<u>Charles Holliday</u>		
Father's Name	<u>Brodon</u>			Father's Birthplace	Ind
Mother's Maiden Name	<u>Myrdon</u>			Mother's Birthplace	Ind
Name of person giving information	<u>Chas. Holliday</u>			How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Tuberculosis</u>	How long	<u>8 mcs</u>
Immediate	<u>Exhaustion</u>	How long	<u>10 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>John L. Waring</u>	
		Address <u>Clinton</u>	
Accident or Suicide?		<u>Ind.</u>	



Name
In
Full

Karl F Knopf

CERTIFICATE OF DEATH

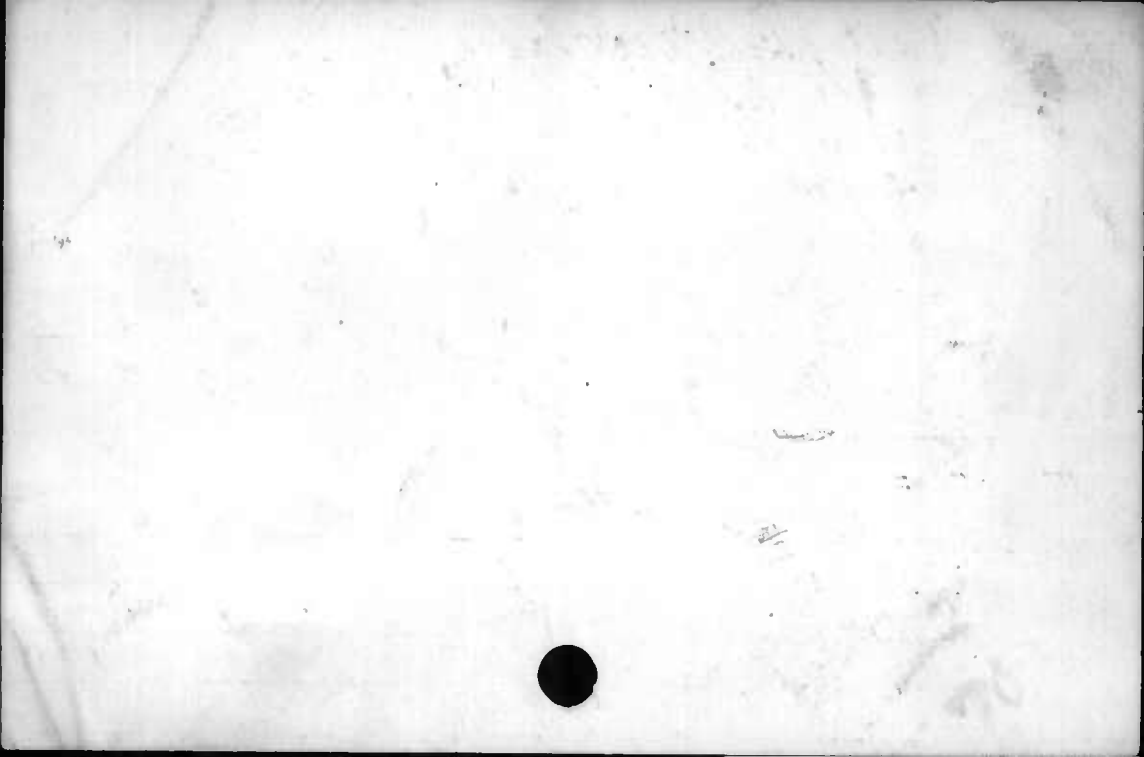
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Hyattsville		Prince Geo.		MARYLAND	
Date of death		1906	Month	Oct	Day	5 th	Age
						Years	7
Sex		Male		Color or Race		white	
Occupation		school		Birth-place		Dist. of Columbia	
Married, Single or Widowed		single		Name of Wife or Husband			
Father's Name		Frederick Knopf.		Father's Birthplace		Germany	
Mother's Maiden Name		Amelia		Mother's Birthplace		" "	
Name of person giving information				How related to deceased		!	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Killed by B & O R. R. Express	How long	(16)
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Arthur C. M. Cronner
		Address	Hyattsville
Accident or Suicide?			m-d



Name
in
Full

CERTIFICATE OF DEATH

Jannie Lancaster

Town

Munkirk

County

Pr. Geo

MARYLAND

Died at

Date

of death | 906

Month

10

Day

18

Years

46

Age

Months

9

Days

Sex

Female

Color or
Race

Black

Birth-
place

Munkirk

Occupation

Housewife

Where Residing if not
at place of death

Munkirk

Married, Single
or Widowed

Married

Name of Wife or
Husband

Reese Lancaster

Father's
Name

Philip Williams

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
information

Benjamin Lewis

How related
to deceased

Not related

CAUSES OF DEATH

Primary

Pneumonia

How long

6 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes
no

Signature of
Physician

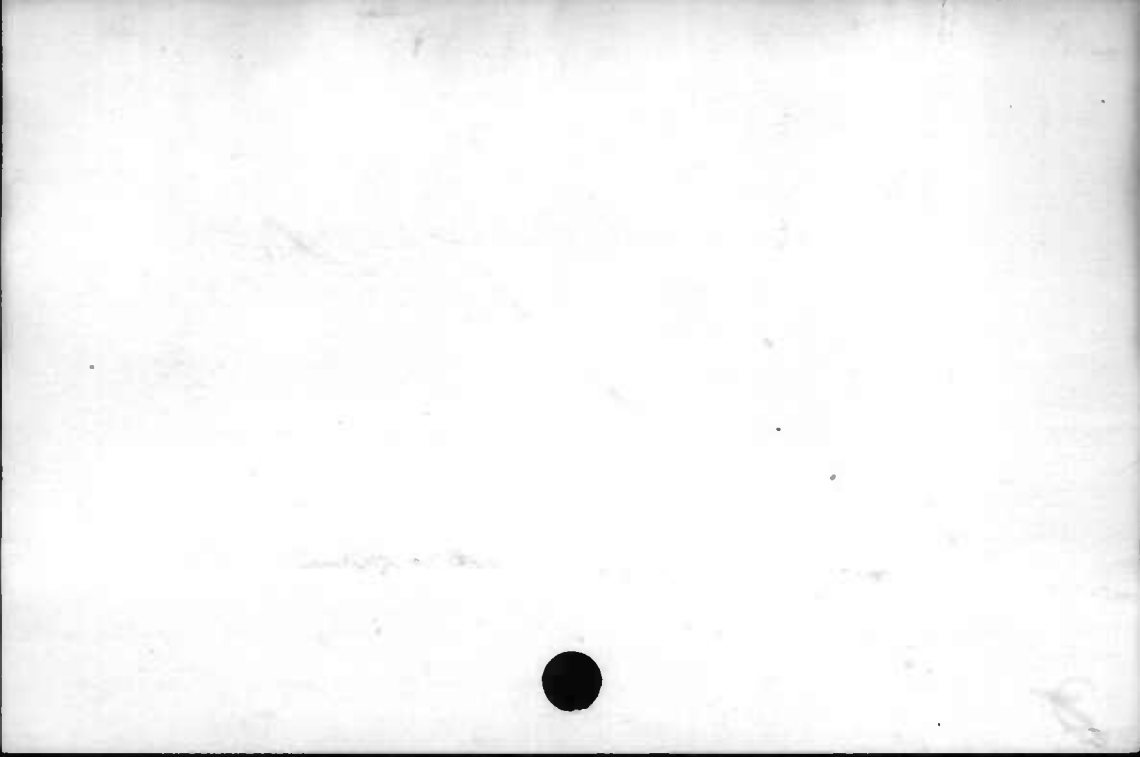
Address

*Dr. Reese
Lancaster
Md*

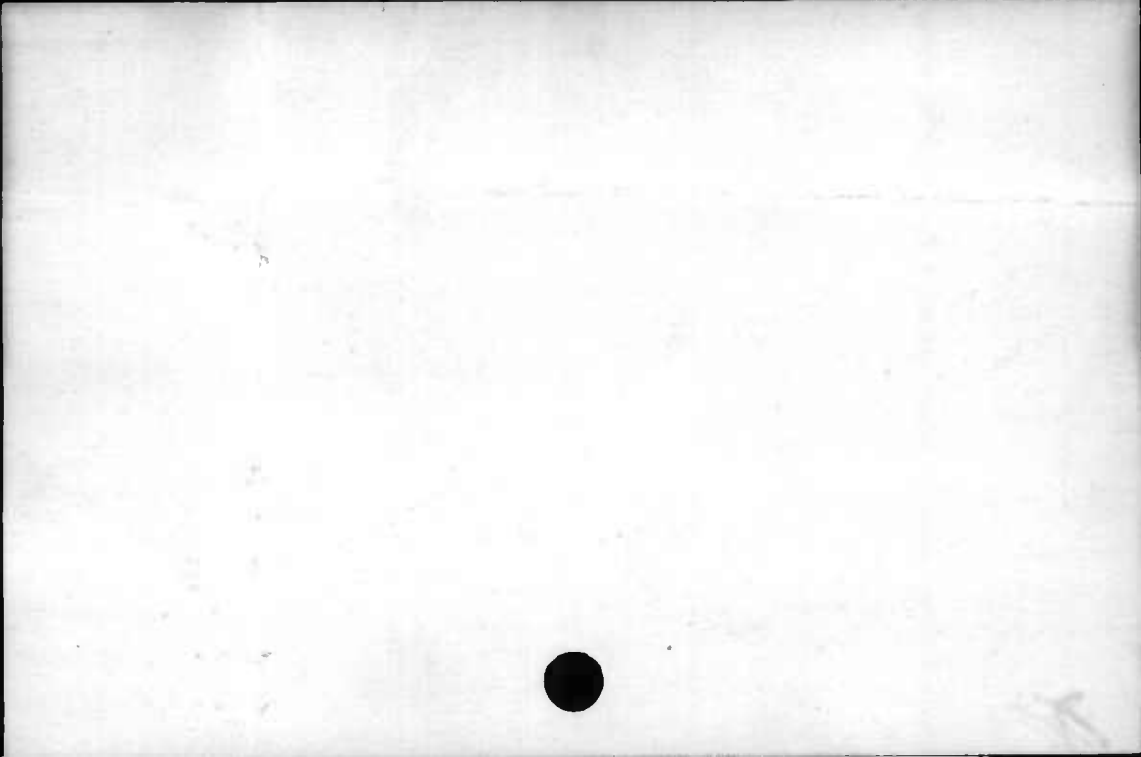
Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Muirburn</i>		County <i>Prince Geo</i>	
		Date of death <i>1906</i>		Month <i>Oct</i>	
		Day <i>19</i>		Age <i>—</i>	
		Sex <i>female</i>		Color or Race <i>black</i>	
		Occupation <i>—</i>		Birth-place <i>Md</i>	
		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Benj. Lewis</i>		Father's Birthplace <i>Wash. DC.</i>			
Mother's Maiden Name <i>Rose Matthews</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Benj. Lewis</i>		How related to deceased <i>Father</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Unhygienic surroundings</i>		How long <i>—</i>	
		Immediate <i>not ascertained</i>		How long <i>3 day</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>W. F. Taylor</i>	
		<i>I did not see this child but presume from the state of pneumonia it had</i> Accident or Suicide? <i>No medical attention</i>		Address <i>Laurel Md</i>	



Name

In Full

annie M. Long

CERTIFICATE OF DEATH

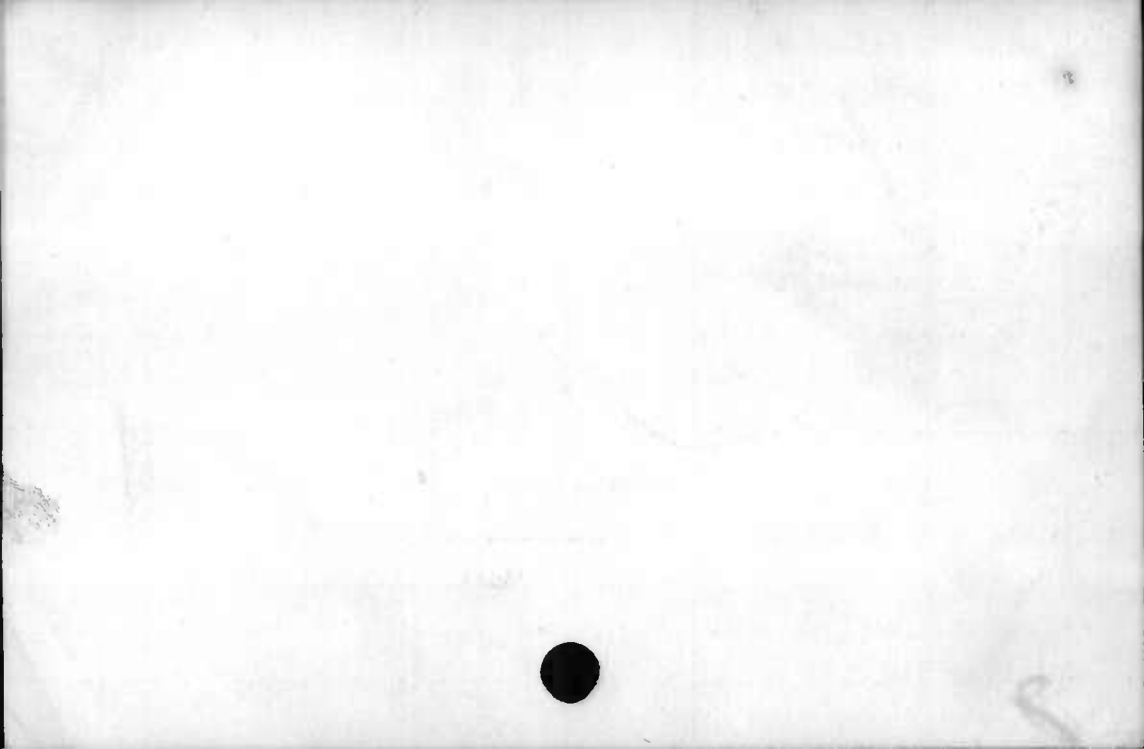
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hyattsville		^{County} Prince Geo.		MARYLAND	
Date of death 1906 ^{Month} Oct. ^{Day} 15		Age ^{Years} 52		^{Months} Georgetown D.C. ^{Days}	
Sex Female		Color or Race white		Birth-place	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed married		Name of Wife or Husband Charles H. Long			
Father's Name Geo Mc Daniells		Father's Birthplace Washington D.C.			
Mother's Maiden Name Laveria Batt		Mother's Birthplace virginia			
Name of person giving information Chas. H. Long		How related to deceased Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Uterine Fibroid	(129)	How long 3 yr
Immediate Renal Dropsy		How long 2 weeks
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician V J Perry	Address Hyattsville MD
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

Thomas H. Lusby
Died at near P. B. Pr. Geo. Co. Md.

MARYLAND

Date of death 1906 Oct. 10

Age 87

Months 11

Days —

Sex

Male

Color or Race

Of white

Birth-place

Surreatts Pr. Geo.

Occupation

Farmer

Where Residing if not at place of death

Married, Single or Widowed

Widower

Name of Wife or Husband

Father's Name

Thomas H. Lusby

Father's Birthplace

Pr. Geo. Co. Md.

Mother's Maiden Name

Caroline Thompson

Mother's Birthplace

Pr. Geo. Co. Md.

Name of person giving information

Mr Perry Thorne

How related to deceased

CAUSES OF DEATH

Primary

Hypertrophy (179)

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

E. D. Skiff M.D.

Address

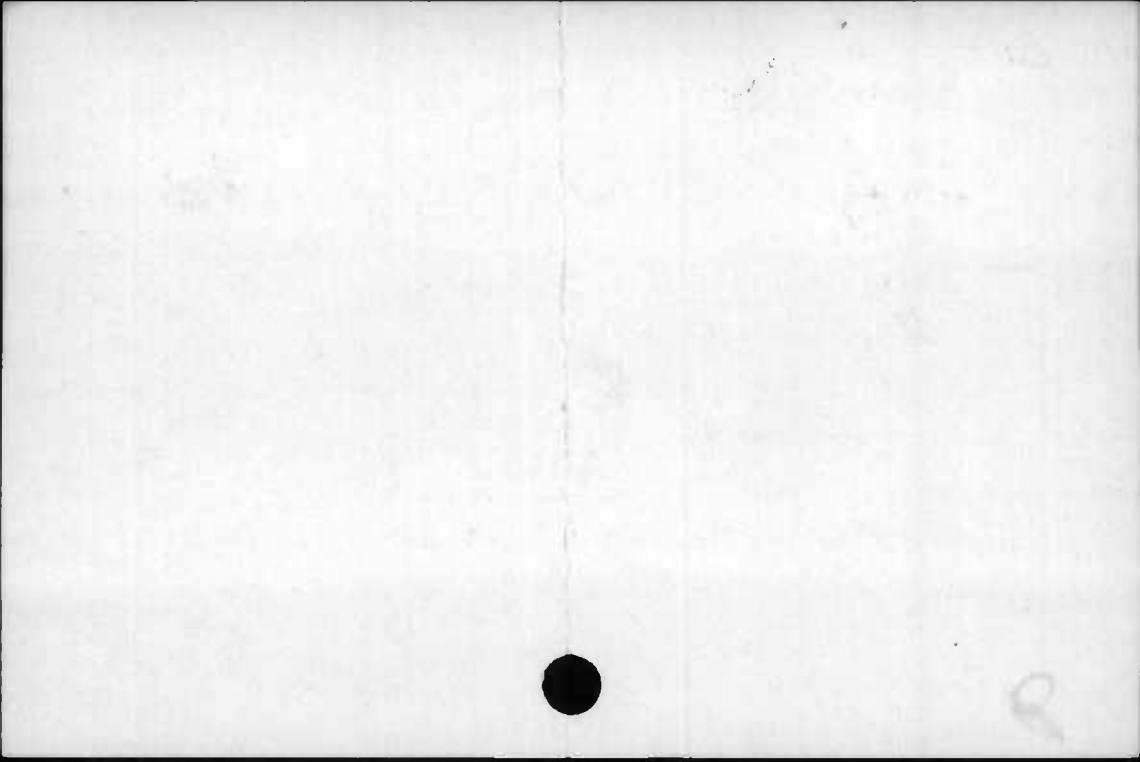
Crescatway

Dnd

Accident or Suicide?



Name in Full		To Be Answered By Nearest Friend				CERTIFICATE OF DEATH	
Toke McKinstry		Town Cheltenham		County Prince George		MARYLAND	
Died at		Date of death		Age		Months Days	
		1906 October 14		16			
Sex		Color or Race		Birth- place			
Male		Black		Alabama			
Occupation		Where Residing if not at place of death					
Inmate of N.J.R.		House of Reformation					
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Louis McKinstry		Alabama					
Mother's Name		Mother's Birthplace					
Savilla McKinstry		Alabama					
Name of person giving Information		How related to deceased					
John B. Pyles, Sup't.							
CAUSES OF DEATH							
Primary		How long					
Tuberculosis		27					
Immediate		How long					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
		Address					
		Crossin					
		md					
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Isaiah Marshall* County *P. 880*

Died at *New Lane* Town *New Lane*

Date of death *1906* Month *Oct* Day *31* Age *74* Years *74* Months *"* Days *"*

Sex *Male* Color or Race *Black* Birthplace *Ind*

Occupation *Laborer* Where Residing If not at place of death *New Lane*

~~Married~~ Single or Widowed *yes* Name of Wife or Husband *Medora*

Father's Name *Don for 18m* Father's Birthplace *—*

Mother's Maiden Name *Kittie* Mother's Birthplace *—*

Name of person giving information *Isaiah Marshall* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

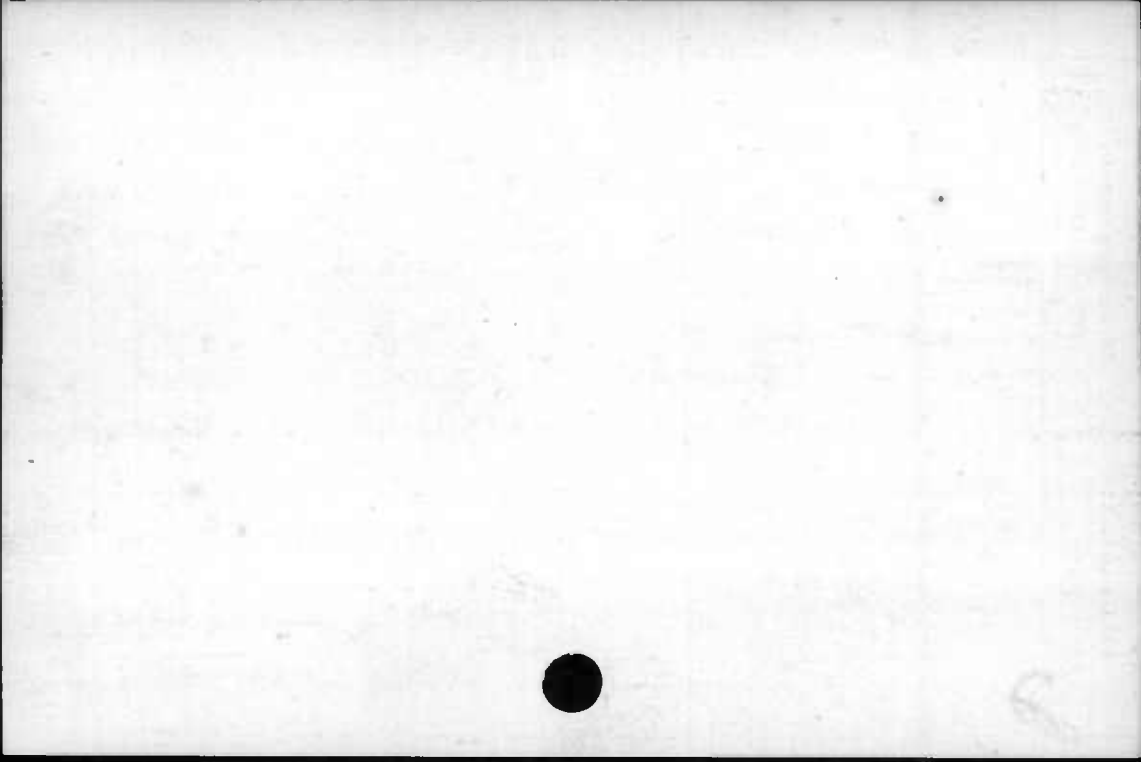
Primary *Parenchymatous hepatitis* How long *—*

Immediate *Uræmia* How long *2 mos.*

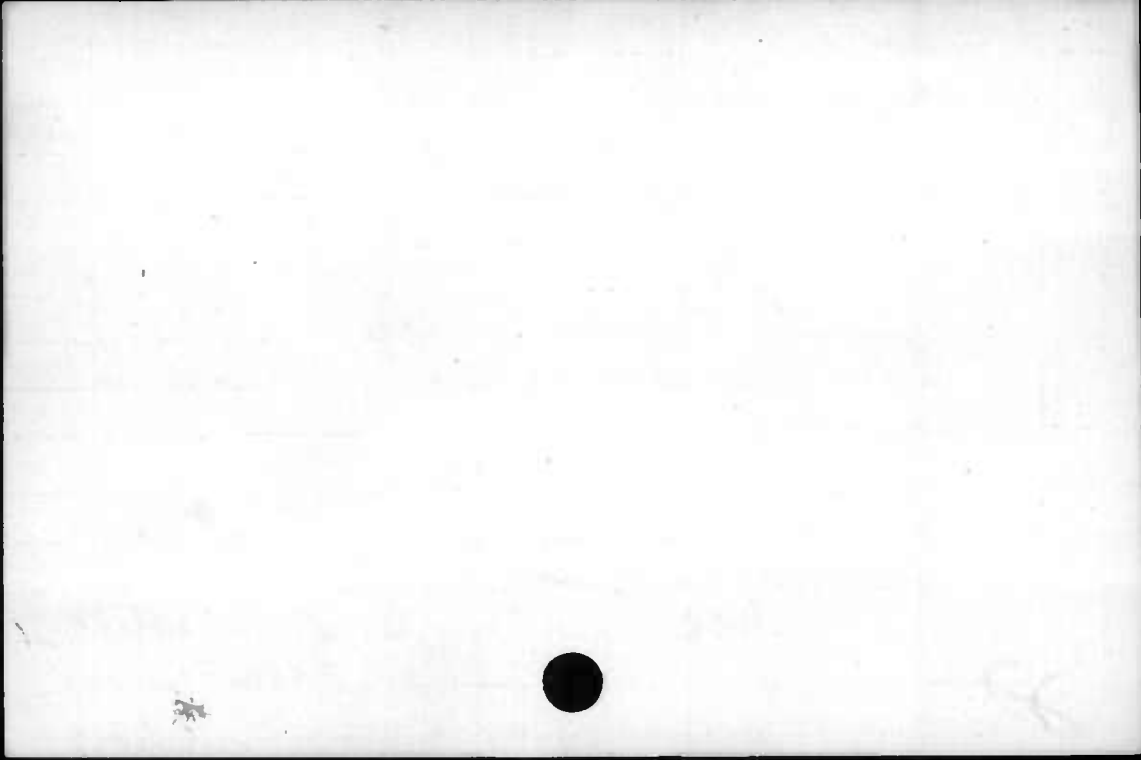
Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *J. M. Pyper* Address *New Lane*

Accident or Suicide? ☒



Name In Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Centerville</u> <u>Pg</u> County		MARYLAND		
		Date of death <u>1906</u>	Month <u>Oct</u>	Day <u>29</u>	Years <u>16</u>	Months <u> </u>
		Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Ind.</u>	
		Occupation <u>Housework</u>	Where Residing if not at place of death <u>At home</u>			
		Married Single <u>Widowed</u>	Name of Wife or Husband <u> </u>			
PHYSICIAN OR CORONER		Father's Name <u>George Mayhew</u>		Father's Birthplace <u>Ind</u>		
		Mother's Maiden Name <u>Phelps</u>		Mother's Birthplace <u>Ind</u>		
		Name of person giving information <u>Ivory Mayhew</u>		How related to deceased <u>Brother</u>		
		CAUSES OF DEATH				
PHYSICIAN OR CORONER		Primary <u>Acute Infectious</u>		How long <u>See count</u>		
		Immediate <u>Exhaustion</u>		How long <u>30 days</u>		
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>John L. Working</u>		
				Address <u>Chirocote - Ind</u>		
		Accident or Suicide? <u> </u>				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *near Accokeek, Pr Geo*

Date of death 1906 Oct.

Day 11

Age

Years

Months

Days

Sex

*Male*Color or
Race*Colored*Birth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*James Harry Munson*Father's
Birthplace*Pr. Geo. Co. Md.*Mother's
Maiden Name*Harriet Ann Dent.*Mother's
Birthplace*Pr. Geo. Co. Md.*Name of person giving
information*Harry Munson.*How related
to deceased*Father.*

CAUSES OF DEATH

Primary

How long

93
9 days.

Immediate

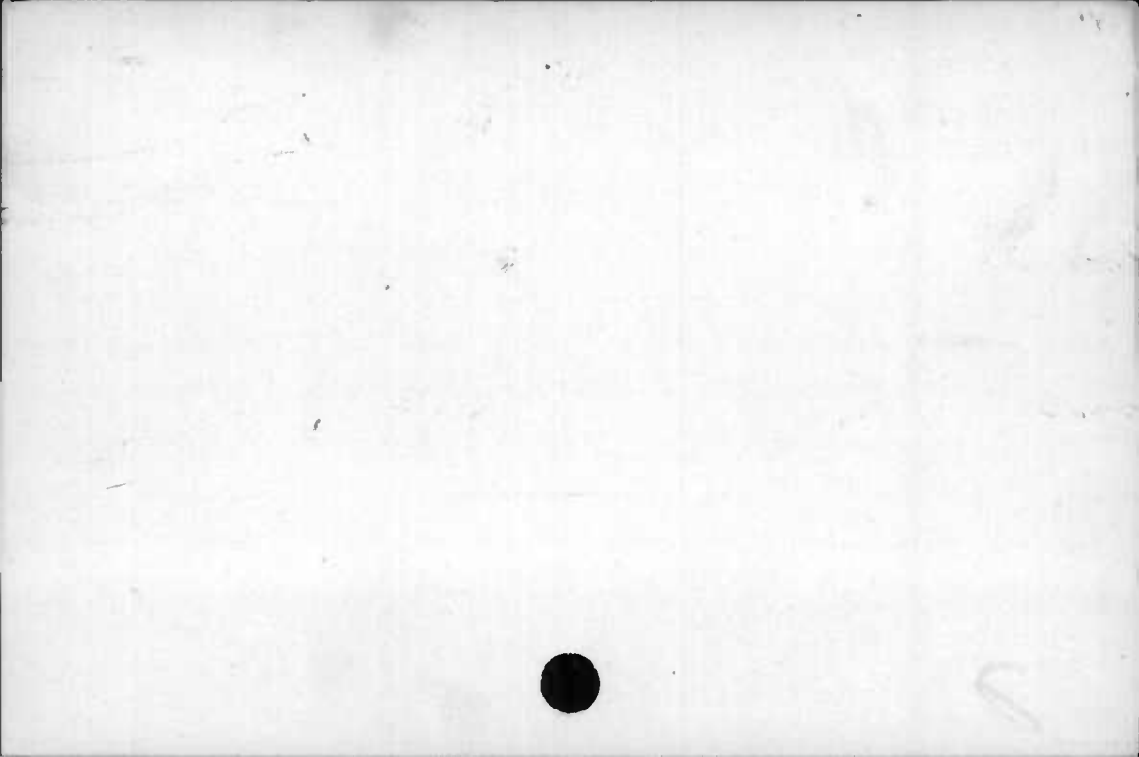
How long

Are the name, age, sex, color, date
and place correctly given above?*yes.*Signature of
Physician*E. S. Hurt. M.D.*

Address

*Pascataway
Md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Namubee</i>		Town <i>Rosecroft</i>		County <i>Pr Geo</i>		MARYLAND	
Died at		Month <i>10</i>		Day <i>28</i>		Years <i>—</i>	
Date of death <i>1906</i>		Age <i>—</i>		Months <i>Stillborn</i>		Days <i>—</i>	
Sex <i>male</i>		Color or Race <i>colored</i>		Birth-place <i>Md.</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Allie Newton</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Sadie Hatton</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Allie Newton</i>		How related to deceased <i>Hatton</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Stillborn</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. P. Simpson M.D.</i>
		Address <i>Rosecroft - Md.</i>
Accident or Suicide?		



Name
in
Full

Rachel E Owens

CERTIFICATE OF DEATH

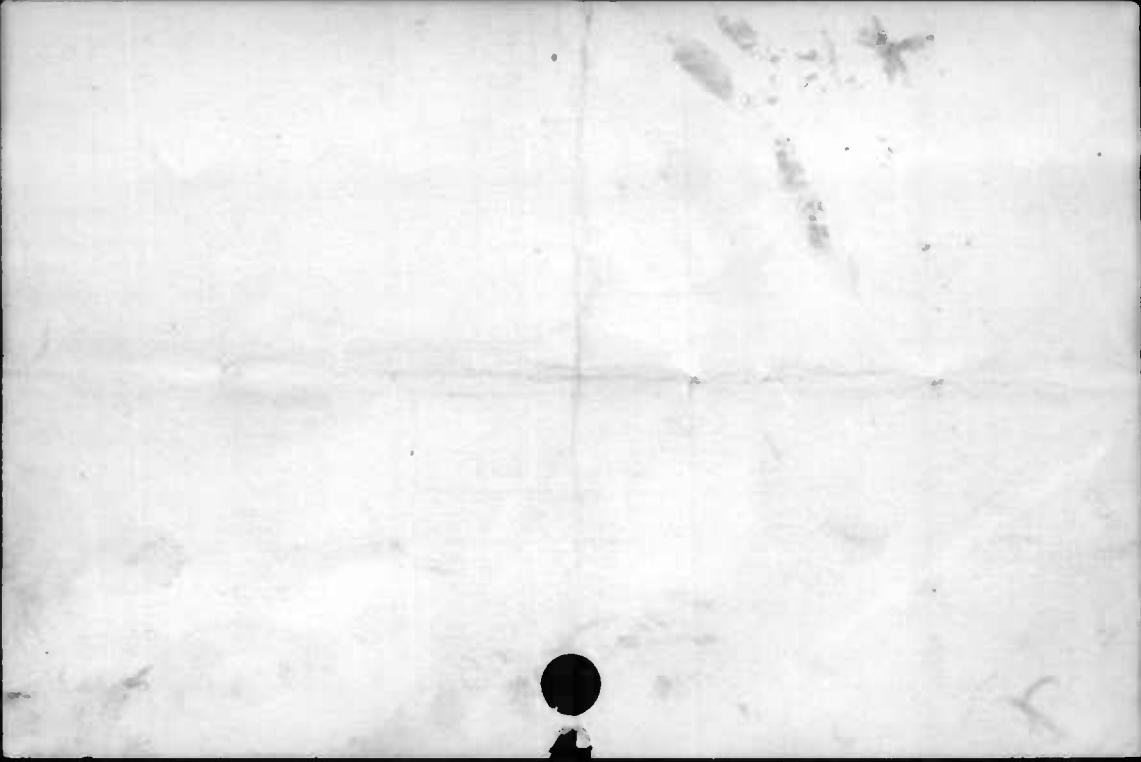
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Oxon Hill Pr. Geo		MARYLAND	
Date of death	1906	Month	Oct.	Day	19
Age		88		Months	
Sex	Female		Color or Race	White	
Birth-place	Md.				
Occupation	House Keeper		Where Residing if not at place of death		
Married, Single or Widowed	Wid.		Name of Wife or Husband		
Father's Name	Unknown. (Thompson Sir name)		Father's Birthplace	Md	
Mother's Maiden Name	Unknown		Mother's Birthplace	Md	
Name of person giving information	Grady Tom Owens		How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Sanile Debility		How long	154	Sevent Yrs
Immediate			How long		
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician		
			Address		
			R. A. Pyles		
			Anacostia D.C.		
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name **John Prout** Town **Bowie** County **Prince George** MARYLAND

Died at **Bowie**

Date of death **1906 Oct 24** Age **78** Months **78** Days **78**

Sex **male** Color or Race **Colored** Birth-place **Maryland**

Occupation **laborer** Where Residing if not at place of death **_____**

Married, Single or Widowed **Widower** Name of Wife or Husband **Mary J Prout**

Father's Name **Arthur Prout** Father's Birthplace **Maryland**

Mother's Maiden Name **Naney Prout** Mother's Birthplace **Maryland**

Name of person giving information **James Prout** How related to deceased **Son**

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary **Valvular Disease of Heart** How long **_____**

Immediate **_____** How long **_____**

Are the name, age, sex, color, date and place correctly given above? **Yes** Signature of Physician **Nelson A Ryons MD**

Address **Bowie**

Accident or Suicide? **no** **3rd**



Name
in
Full

Albert F Radke


CERTIFICATE OF DEATH

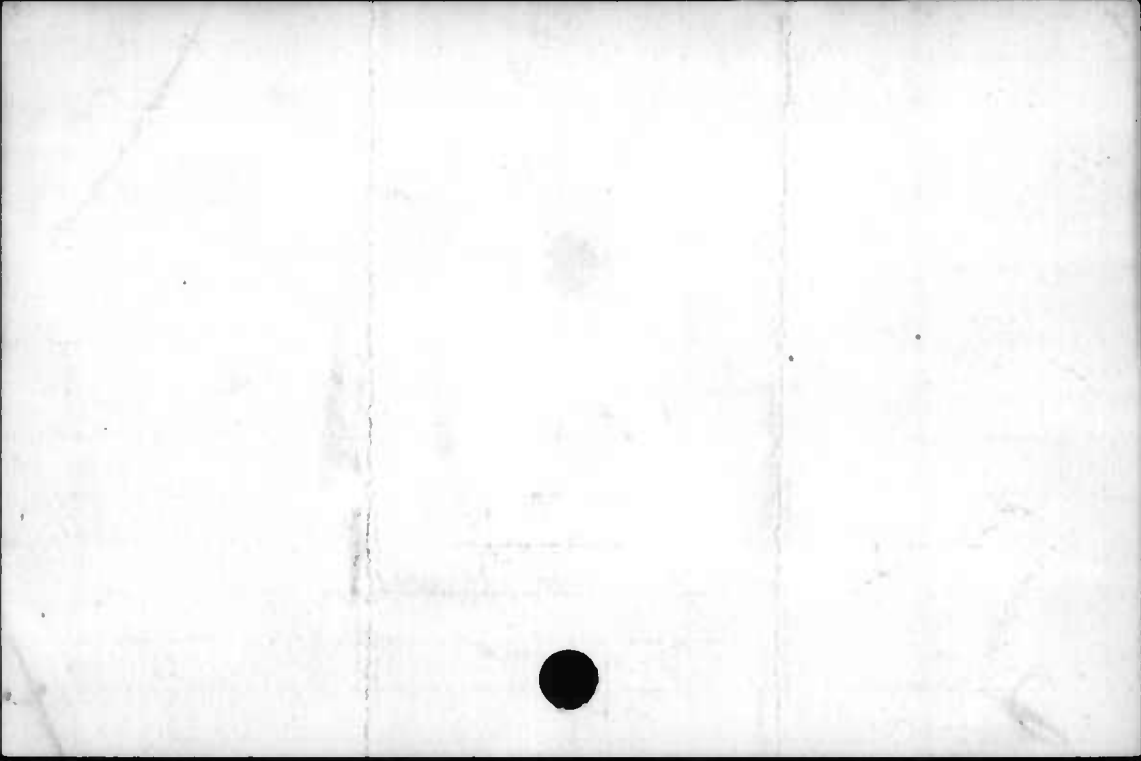
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bladenburg</i> ^{Town}		<i>Prince Geo.</i> ^{County}		MARYLAND	
Date of death <i>1906</i> ^{Month} <i>Oct</i> ^{Day} <i>25</i>		Age <i>4</i> ^{Years}		Months <i>7</i> ^{Days} <i>2</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Fresh D.C.</i>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <i>---</i>		Name of Wife or Husband <i>---</i>			
Father's Name <i>Henry Radke</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Augusta Senke</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Henry Radke</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Septicemia</i>	How long <i>7 days</i>
Immediate <i>Heart failure</i>	How long <i>few minutes</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Hyattsville Md</i>
 Accident or Suicide?	Address <i>L M Summers Sub, Rps</i>



Name
in
Full

Annie C Ramsberg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Hyattsville Prince Geo. County

Date of death 1906 Oct- 31 Age 54 Months 4 Days 22

Sex Female Color or Race white Birthplace N.Y.

Occupation at Home Where Residing if not at place of death

~~Married Single~~ or Widowed Name of Wife or Husband V.E. Ramsberg

Father's Name Wm. Ross Father's Birthplace N.Y.

Mother's Maiden Name A.C. Brierekerhoff Mother's Birthplace N.Y.

Name of person giving information A Thompson How related to deceased Neephew

CAUSES OF DEATH

PHYSICIAN
OR CORONER

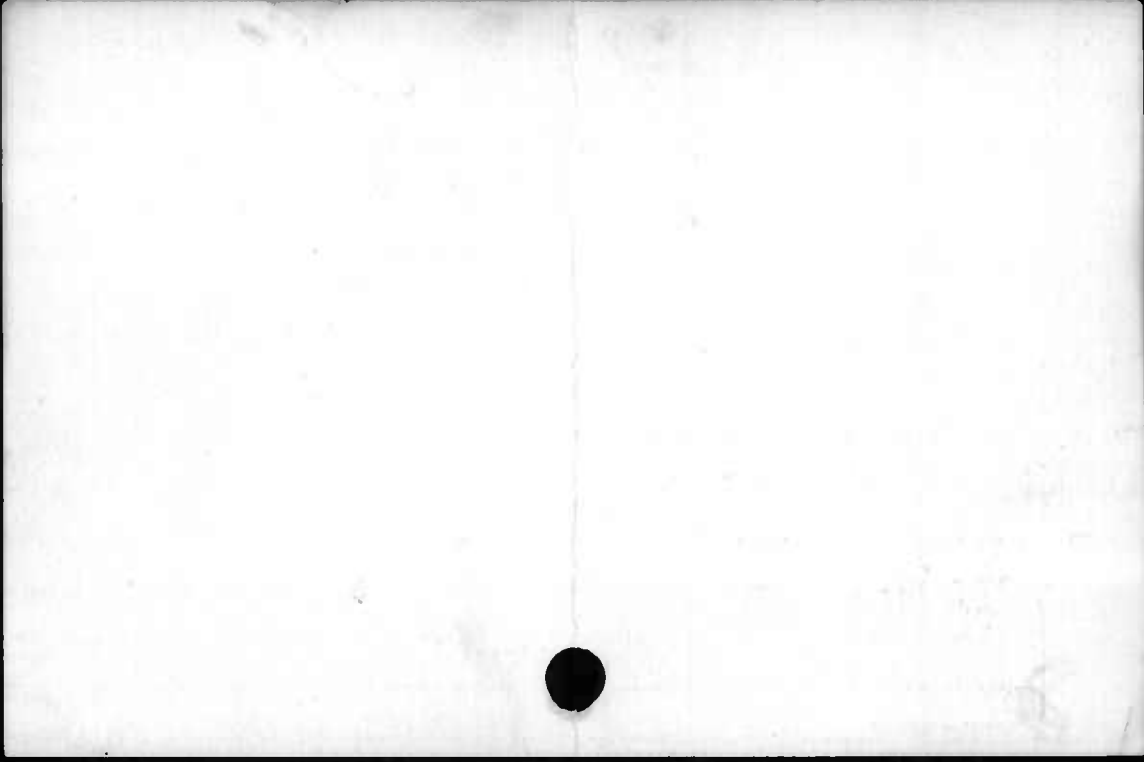
Primary Impaction of Bowel 108 How long 2 weeks

Immediate Asthenia How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician V. J. Pettit

Hyattsville Address Prince George's Co

Accident or Suicide?



Name
in
Full

Emma Randall

CERTIFICATE OF DEATH

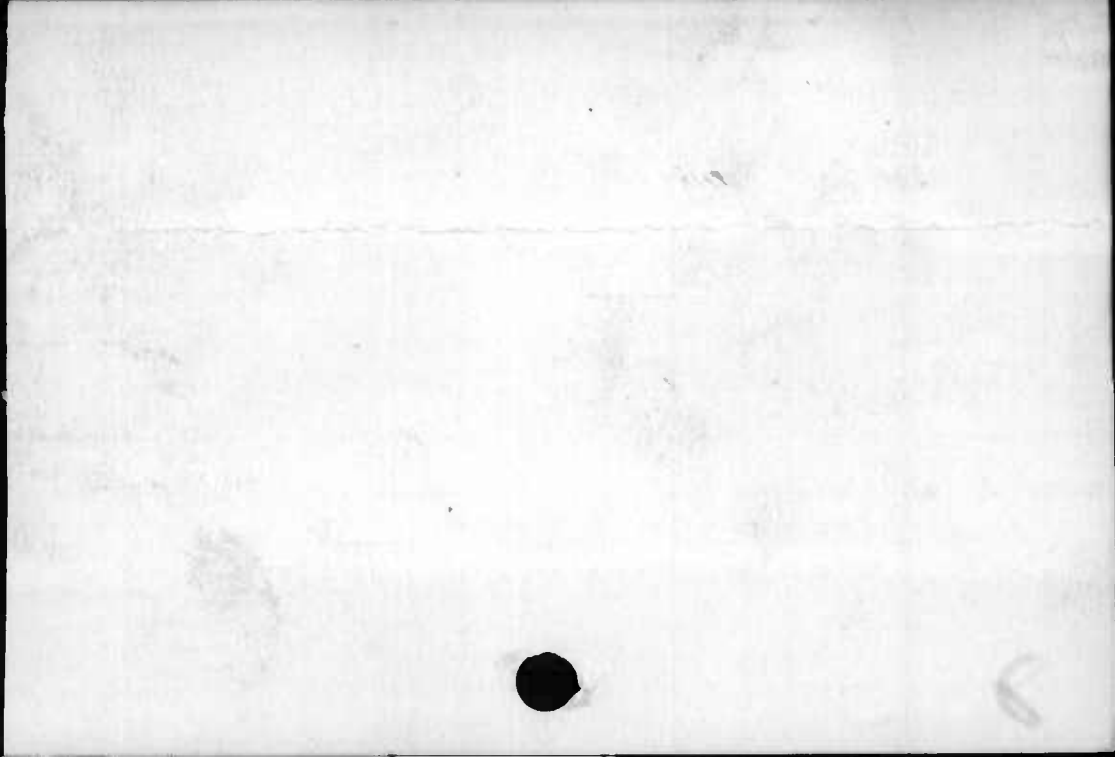
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Seat Pleasant	Town	Prince George	County	MARYLAND						
Date of death	1906	Month	Oct	Day	13	Years	24	Months	—	Days	—
Sex	female	Color or Race	colored	Birth-place	P. G. Co. Md.						
Occupation	domestic			Where Residing if not at place of death			—				
Married, Single or Widowed	married	Name of Wife or Husband		Garnett Randall							
Father's Name	Henry Queen			Father's Birthplace		Md.					
Mother's Maiden Name	Emma Queen			Mother's Birthplace		Md.					
Name of person giving information	Garnett Randall			How related to deceased		husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	6 mos.
Immediate	asphyxia	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. M. Brady M.D.	
Address		Kenilworth	
Accident or Suicide?		hl C.	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

William Redd
Died at ^{Town} Camp Springs P.D. ^{County}

Date of death 1906 ^{Month} Oct ^{Days} 18 ^{Years} Age 83 ^{Months} ^{Days}

Sex Male ^{Color or Race} White ^{Birth-place} Md

Occupation none ^{Where Residing if not at place of death} John Redd

^{Married, Single or Widowed} ^{Name of Wife or Husband}

Father's Name John Redd ^{Father's Birthplace} Md

Mother's Maiden Name Unknown ^{Mother's Birthplace}

Name of person giving information John Redd ^{How related to deceased} nephew

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic diarrhoea ^{How long} 10 3 months

Immediate Exhaustion ^{How long} 5 days

Are the name, age, sex, color, date and place correctly given above? Yes ^{Signature of Physician} J. L. Bradley

^{Address} Clinton Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Burn M. Sany* Town *Smithland* County *Pr. Geo. Co.*

Died at *Smithland*

Date of death 190*6* Month *Oct.* Day *29* Age *22* Years Months *2* Days *22*

Sex *Female* Color or Race *Colored* Birth-place *Smithland*

Married, Single or Widowed *Single* Occupation *—*

Name of Wife or Husband *Mrs Sany & Maggie Sany*

Father's Name *W. Sany* Father's Birthplace *Chas. Co. Md*

Mother's Maiden Name *Maggie Thompson* Mother's Birthplace *" " "*

Name of person giving information *" "* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Marasmus

How long

2 yrs, 22 da.

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

A. N. Meloy, M.D.

Address

Good Hope, D.C.

Accident or Suicide?

—



CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		10	10	19			
Sex	Color or Race		Birth-place				
Female	Colored		Md				
Occupation				Where Residing if not at place of death			

~~Married~~, Single
or ~~Widowed~~

Name of Wife or Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's Birthplace

Name of person giving information _____

How related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

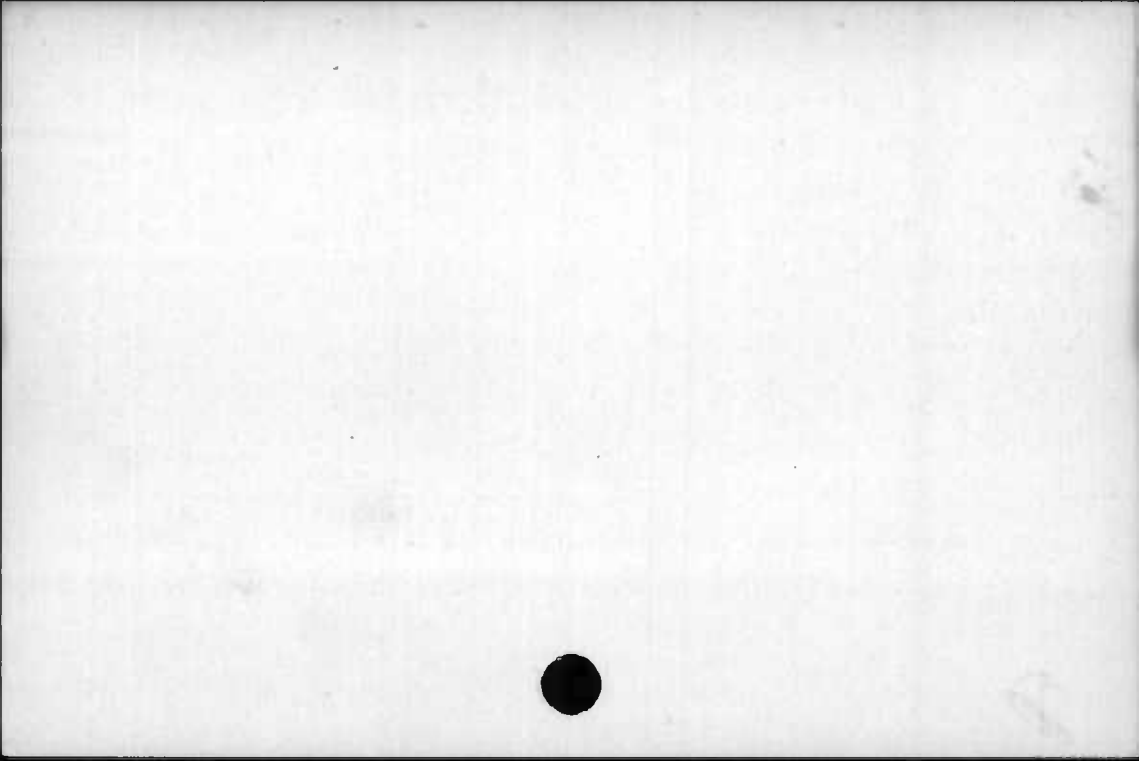
How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

William C. Shotts.

CERTIFICATE OF DEATH

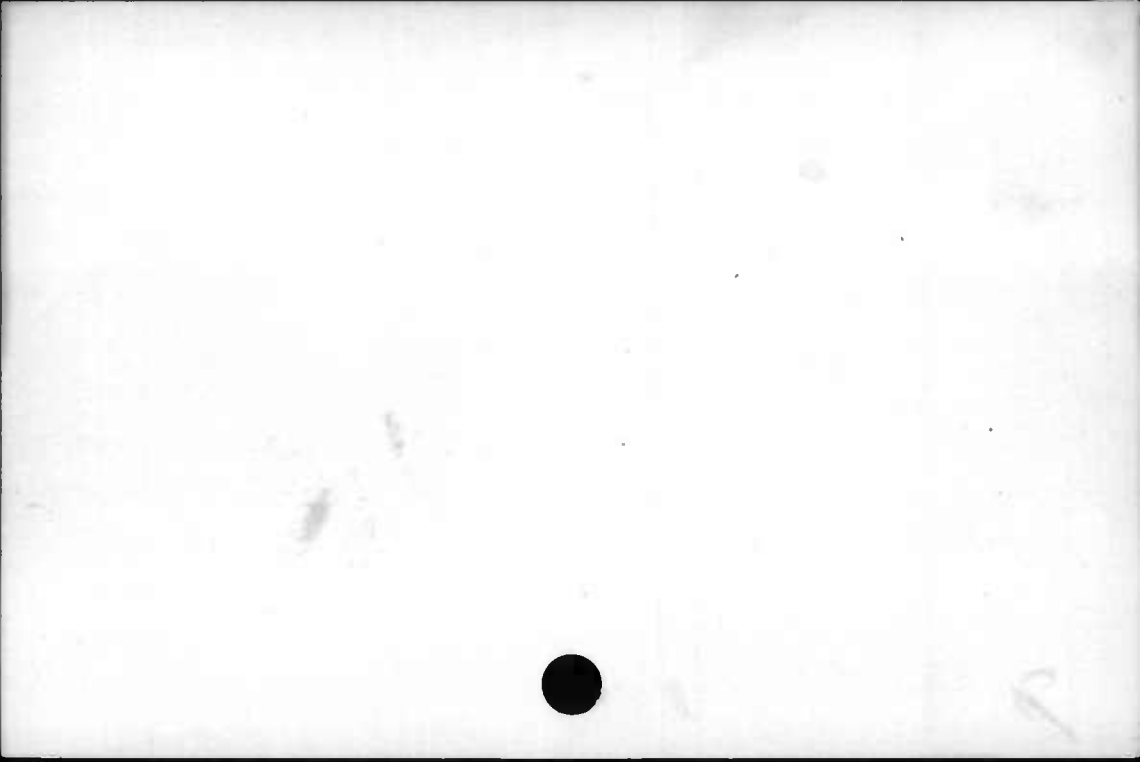
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Saurel</i> ^{Town}		<i>Prince George's Co.</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>10</i>	Day <i>30</i>	Age <i>62</i> ^{Years}	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>-</i>		
Occupation <i>Clerk -</i>	Where Residing if not at place of death <i>Baltimore Md</i>				
Married , Single or Widowed		Name of Wife or Husband			
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis Agitans</i>	How long <i>2 yrs</i>
Immediate <i>Cerebral Hemorrhage</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jesse C. Coggin</i>
	Address <i>Saurel, Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

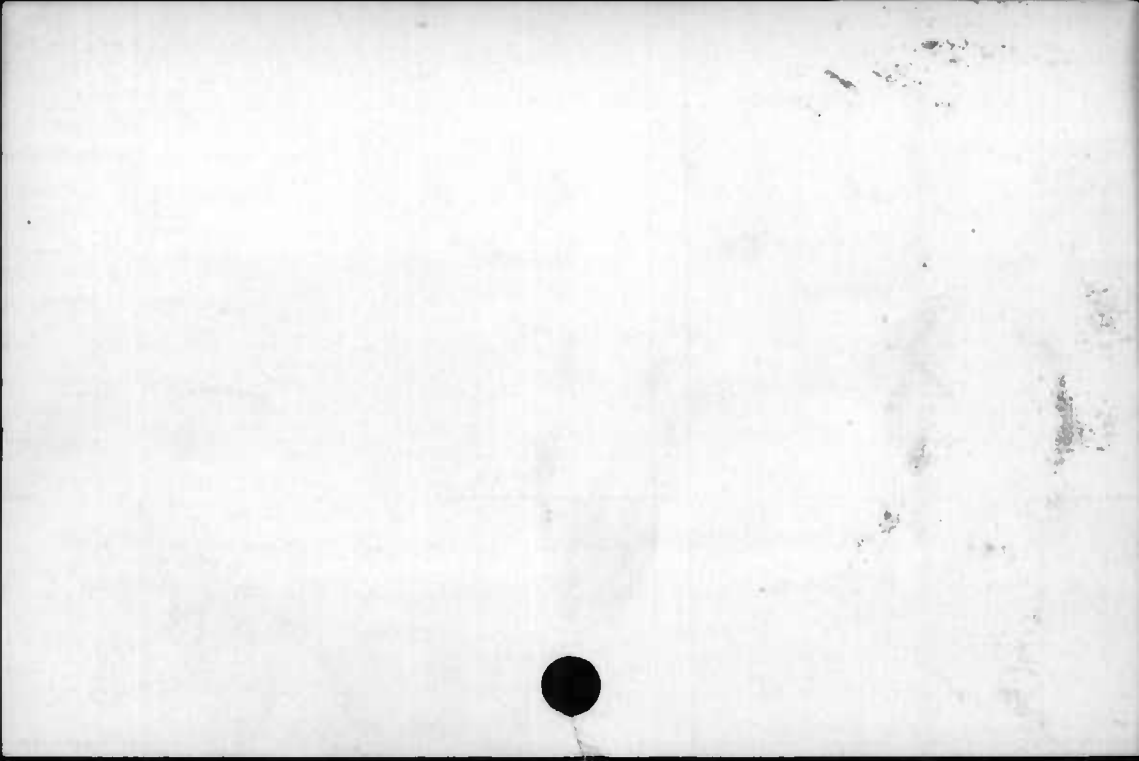
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		10	25	53			
Sex	male	Color or Race	white	Birth-place	Md		
Occupation	Farm Labor			Where Residing if not at place of death			
Married, Single or Widowed	widower			Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
James Welch				Son in Law			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's Disease	How long	10 years
Immediate	Dropsy	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E. P. Simpson M.D.	
Address		Rosscroft	
Accident or Suicide?			



Name
in
Full

Mary F. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *mt Rainier* Town*P. G.* CountyDate of death *1906 Oct* MonthDay *28*Age *65* Years*3* Months*10* DaysSex *Female*Color or
Race*White*Birth-
place*Va*

Occupation

*Housewife*Where Residing If not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Sumell Smith*Father's
Name*Wm. B. Mynkrook*Father's
Birthplace*Va*Mother's
Maiden Name*Catherine Cleaver*Mother's
Birthplace*Va*Name of person giving
In formation*Mrs G W Thompson*How related
to deceased*Son-in-law*

CAUSES OF DEATH

Primary

*Hemiplegia**(64)*

How long

20 days

Immediate

Coma

How long

*36 hours*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*John D. Dorsey*

Address

*201 R. I. Ave. N. E.
Wash. D. C.*

Accident or Suicide?

Geo. Smith

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

friendly

Or Geo

MARYLAND

Date

of death

190

6

Oct

Month

Day

26

Age

Years

Months

Days

3 mos

Sex

Male

Color or
Race

Colored.

Birth-
place

friendly

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
informationHow related
to deceasedMary Smith
John M. Smith.Or Geo. Co. Md
Uncle.

CAUSES OF DEATH

Primary

not known

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes.

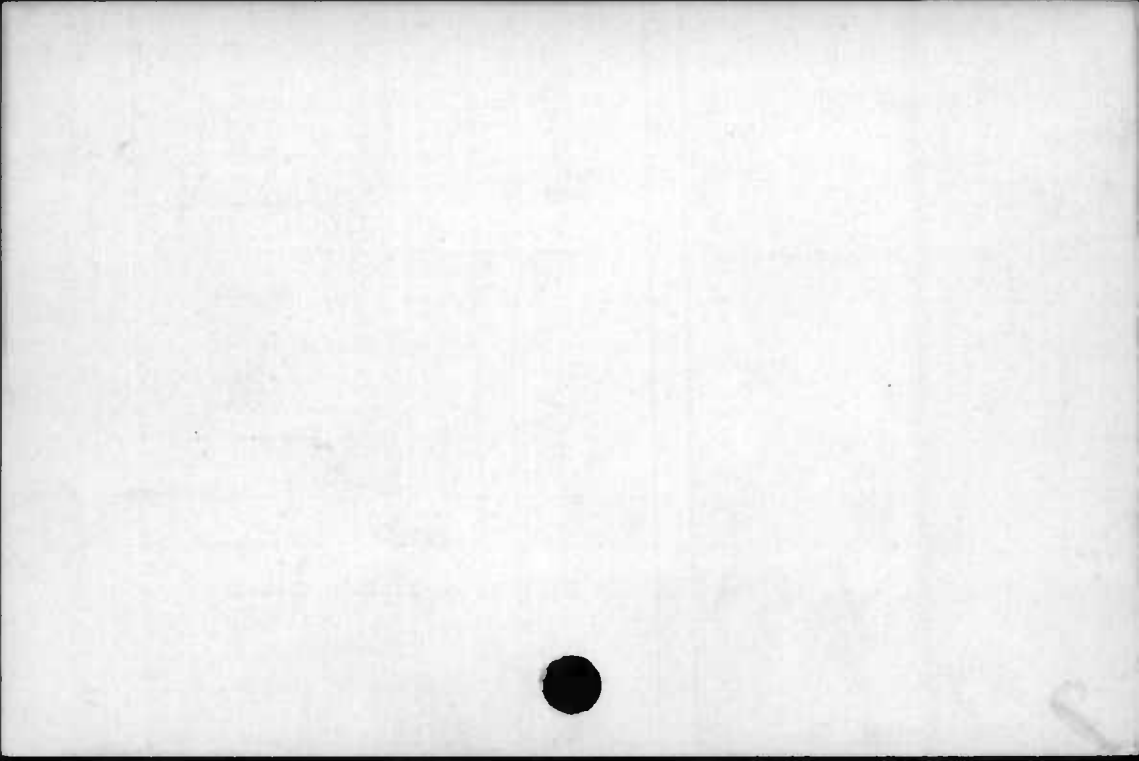
as far as could be
learned.Signature of
Physician

Address

179

E. S. Hurt.
Piscataway
Md

Accident or Suicide?



Name in Full

Certificate of Death

Died at

Date

Husband

of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Carrie Spriggs

Town

County

Westphalia Po. Co.

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

1906 Oct. 10

Age

4-10-

Mort.

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Name

Lannie Spriggs

Cause of

Death

Primary

Immediate

Natural

179

How long sick

3 days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Scott Armstrong undertaker
Fonestville Maryland



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Geo L. Seuit-</i>		Town <i>Marlboro</i>		County <i>P.G.</i>		MAYLAND	
Died at		Month <i>Oct</i>		Day <i>4</i>		Years <i>46</i>	
Date of death <i>1906</i>		Months		Days			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>P.G. Co. Md</i>			
Occupation <i>Driver</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jennie Acton</i>					
Father's Name <i>Geo L. B. Seuit-</i>		Father's Birthplace <i>P.G. Co. Md</i>					
Mother's Maiden Name <i>Ryan</i>		Mother's Birthplace <i>P.G. Co. Md</i>					
Name of person giving information <i>Jennie Seuit</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Lymphoid prev</i>	How long <i>128 yrs</i>
Immediate <i>Humerus of bowels</i>	How long <i>102 yrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. C. Griffith</i>
<i>H</i>	Address <i>Upper Marlboro, Md</i>
Accident or Suicide? <i>-</i>	



Name
in
Full

CERTIFICATE OF DEATH

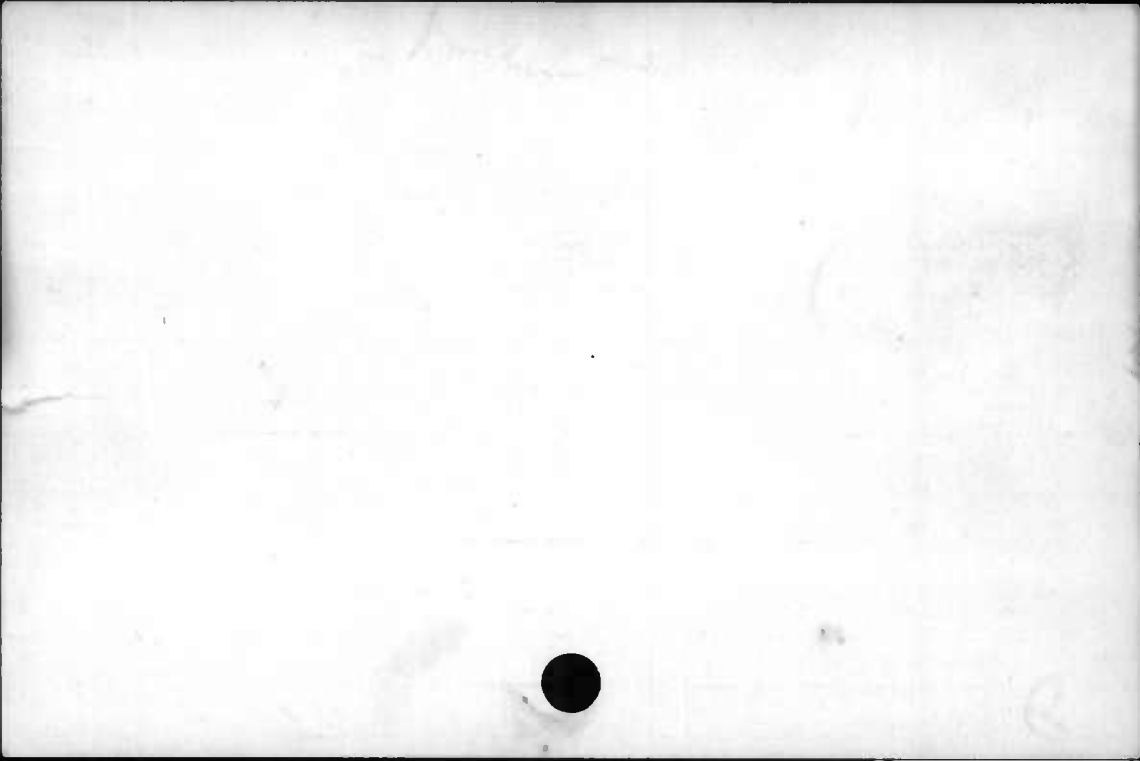
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <u>Martha V. Taylor</u>		Town <u>Hyattsville, Md.</u>		County <u>Prince George</u>		MARYLAND							
Died at		Date of death <u>1906</u>		Month <u>Oct-</u>		Day <u>26th</u>		Years <u>80</u>		Months <u>6</u>		Days <u>—</u>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Alexandria Va</u>									
Occupation <u>Domestic</u>		Where Residing if not at place of death <u>—</u>											
Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u>Samuel S. Taylor</u>											
Father's Name <u>John Hancock</u>		Father's Birthplace <u>M.S.</u>											
Mother's Maiden Name <u>Mary Hull</u>		Mother's Birthplace <u>" "</u>											
Name of person giving information <u>Lilly A. Smith</u>		How related to deceased <u>Daughter</u>											

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cerebral Hemorrhage</u>	How long <u>About Eleven Months</u>
Immediate <u>Paralysis</u>	How long <u>About Eighteen Months</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. W. Birchall M.D.</u>
	Address <u>Hyattsville Md.</u>
Accident or Suicide? <u>8</u>	



Alveta Walker.
 Town _____ County _____
 Died at *Lake and* *Permi George* MARYLAND
 Date *1906* *Oct* *14* Month Day Y. M. D. Native of *Ind* Occupation _____
 Age *4*
Male White Married Widow Divorced
Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Cold

Death

Immediate

Pneumonia

How long sick

Accident, Suicide, Homicide

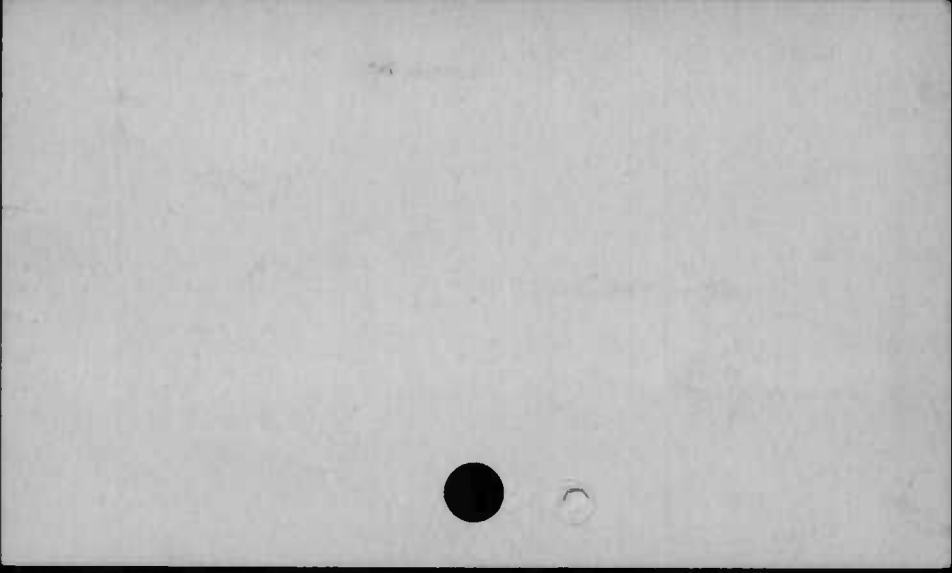
Reported by

Address

*W. O. Embury M.D.**College Park*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Ind



Name
in
Full

Eugene Washington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Cheltenham* ^{Town} *Thy Geo* ^{County} **MARYLAND**Date of death **1906** ^{Month} *10* ^{Day} *15* ^{Years} *0* ^{Months} *5* ^{Days} *3*Sex *male* Color or Race *colored* Birth-place *md*Occupation *.* Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name *Henry Washington*Father's Birthplace *md*Mother's Maiden Name *Lizzie Pinkney*Mother's Birthplace *md*Name of person giving information *Henry Washington*How related to deceased *Father*

CAUSES OF DEATH

Primary *Capillary Bronchitis followed by* How long *2 weeks*Immediate *Laryngitis* How long
Suffocation from oedema of throat

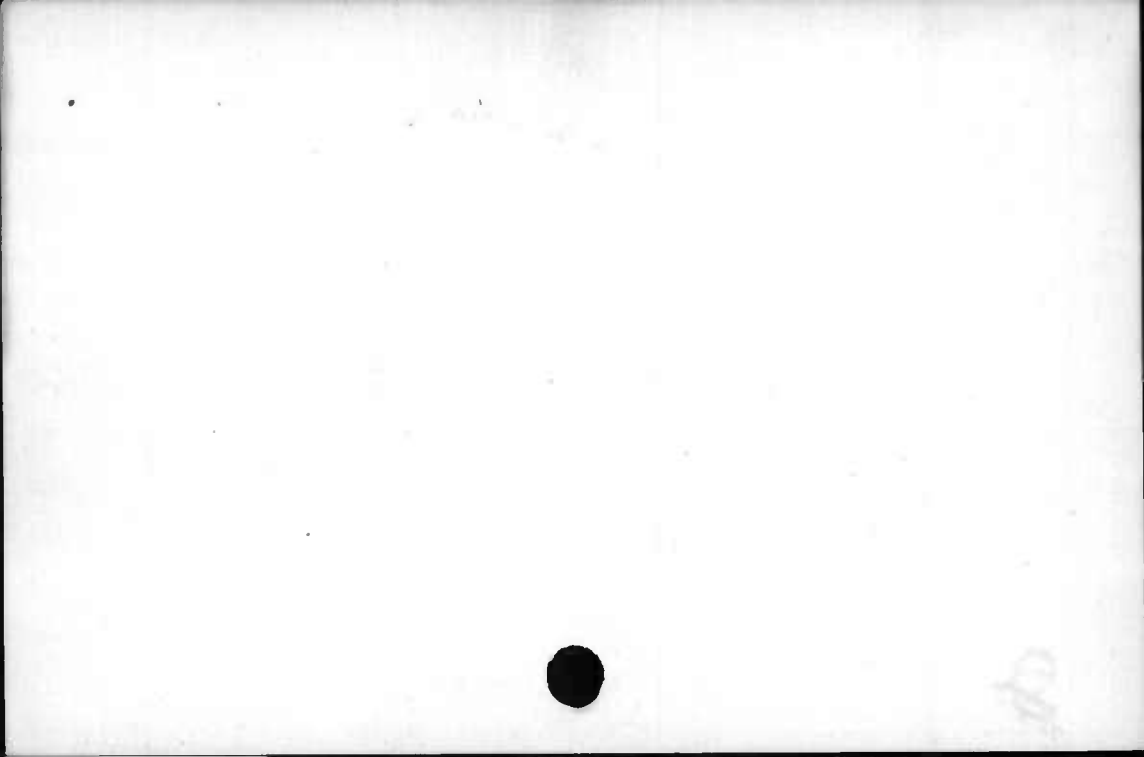
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

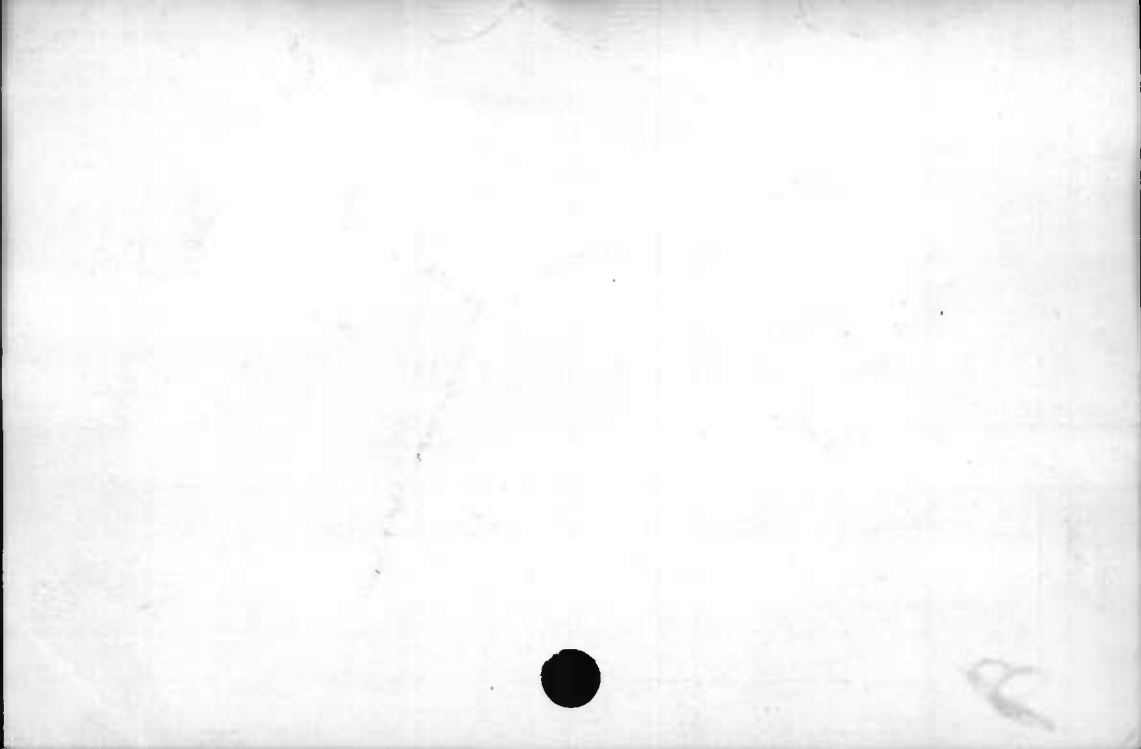
Address

John A. Cor
Z.B.
md

Accident or Suicide?



Name in Full <i>Mrs. Sarah J. Waters</i>		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Laurel</i> <small>Town</small>		<i>P. Gro.</i> <small>County</small>		MARYLAND	
	Date of death <i>1906</i>	<i>Oct.</i> <small>Month</small>	<i>16</i> <small>Day</small>	Age <i>81</i> <small>Years</small>	<i>3</i> <small>Months</small>	
	Sex <i>Female</i>		Color or Race		Birth-place <i>Anne Arundel Co.</i>	
	Occupation		Where Residing if not at place of death			
	Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Gro. H. Waters</i>				
	Father's Name <i>Sam'l Chaney</i>	Father's Birthplace <i>A. A. Co.</i>				
	Mother's Maiden Name <i>Sarah Phelps</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving information <i>Mrs H. M. Hall</i>		How related to deceased <i>Daughter</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Carcinoma, Gastric</i>	<i>40</i>		How long <i>Four months</i>		
	Immediate <i>Exhaustion</i>			How long		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Leonard</i>		Address <i>Laurel Md</i>		
	Accident or Suicide? <i>-</i>					



Name
in
Full

CERTIFICATE OF DEATH

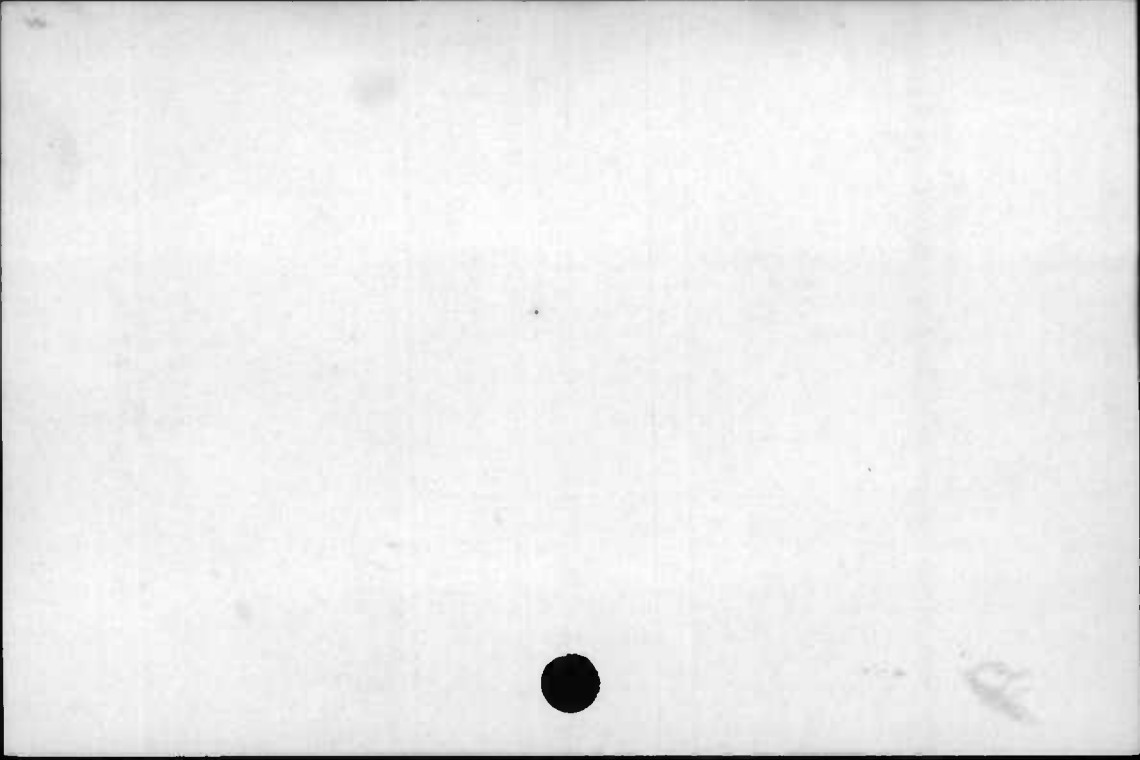
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Silver Hill</u> ^{Town}		<u>Prince George</u> ^{County}		MARYLAND	
Date of death	1906	Month	Oct	Day	20
				Years	38
				Months	—
				Days	—
Sex	<u>Female</u>		Color or Race	<u>White</u>	
Birth-place	<u>md</u>				
Occupation	<u>None</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>Married</u>		Name of Wife or Husband	<u>William Weigh</u>	
Father's Name	<u>George W Ridgway</u>			Father's Birthplace	<u>Md.</u>
Mother's Maiden Name	<u>Henrietta Anderson</u>			Mother's Birthplace	<u>Md.</u>
Name of person giving information	<u>George Ridgway</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Acute Tubercular</u>	How long	<u>6 mo</u>
Immediate	<u>Laryngitis Asthenia</u>	How long	<u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>John E. Sanborn</u>	
Address		<u>Forestville Md.</u>	
Accident or Suicide?		<u>9</u>	



Name
in
Full

Herbert Franklin Wilcoxon

CERTIFICATE OF DEATH

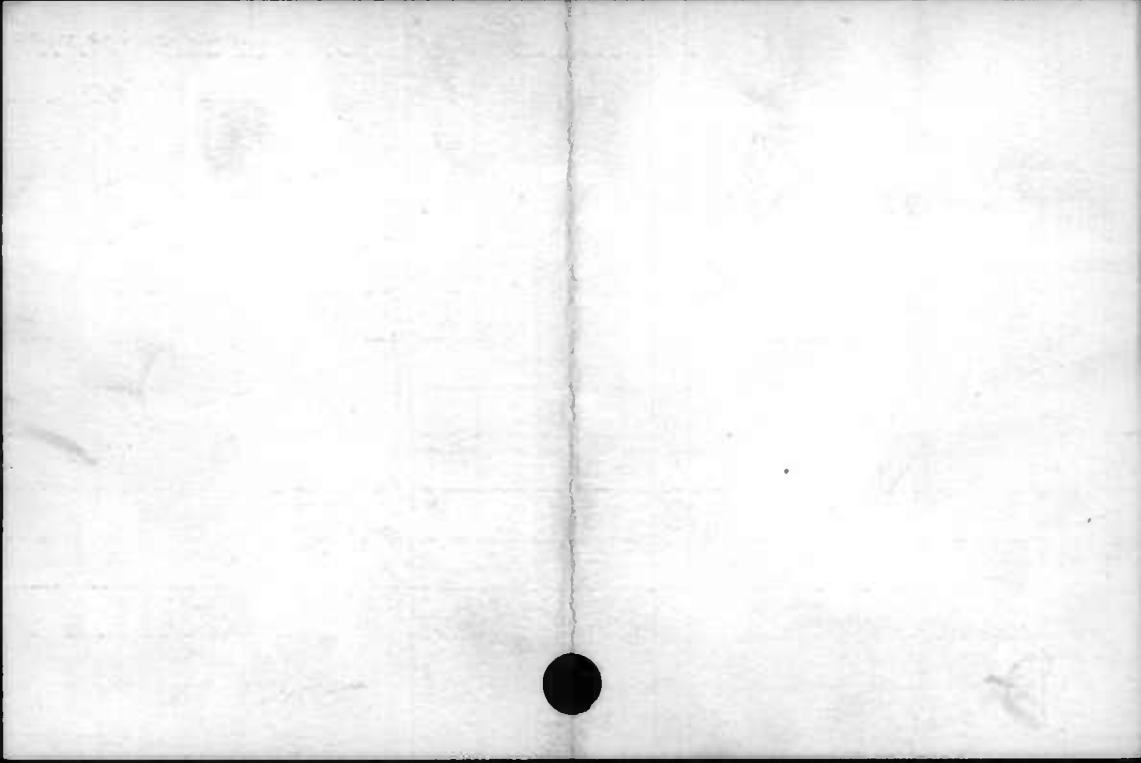
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Berwyn</i>		Town <i>Prince George</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month <i>Oct.</i>	Day <i>6</i>	Age	Years <i>1</i>	Months <i>3</i>	Days <i>11</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Berwyn Md</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>George W. Wilcoxon</i>			Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Cora Frances Oyer</i>			Mother's Birthplace <i>Md</i>				
Name of person giving information <i>L. F. Oyer</i>			How related to deceased <i>Grandfather</i>				

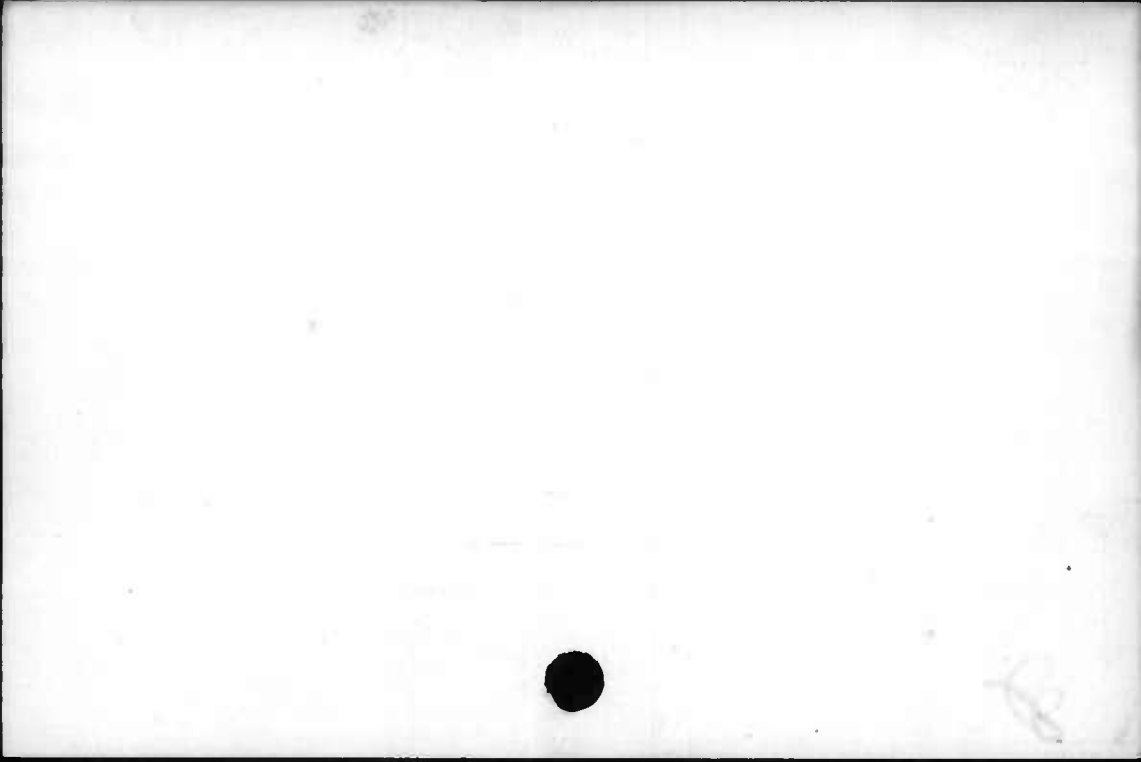
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Catarrahal Enteritis</i>	How long	<i>9 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. J. C. C. C.</i>	
		Address <i>Berwyn Md.</i>	
Accident or Suicide? <i>2</i>			



Name in Full		Olin Chester Williams				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Rosecroft		Pr Geo		MARYLAND	
	Date of death	1906	Month 10	Day 29	Age 20	Years 4	Months Days
	Sex	Male		Color or Race	Colored		Birth-place
	Occupation	Laborer		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	George Williams				Father's Birthplace	Mo.
	Mother's Maiden Name	Harriet Prazier				Mother's Birthplace	D.C.
Name of person giving information	Harriet Williams				How related to deceased	Mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Gunshot Wound				How long	
	Immediate	Shock				How long	13 hours
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	E. P. Simpson M.D.
	Address					Rosecroft, Md.	
Accident or Suicide?		accident					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Croom* Town *Pr Gen* CountyDate of death *1906* Month *Oct* Day *17* Age *10* Years Months DaysSex *Male* Color or Race *Colored* Birth-place *Croom Md*Occupation *none* Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name *Charley Minson* Father's Birthplace *Md*Mother's Maiden Name *Mary Robinson* Mother's Birthplace *Md*Name of person giving information *Chas Minson* How related to deceased *Father*

CAUSES OF DEATH

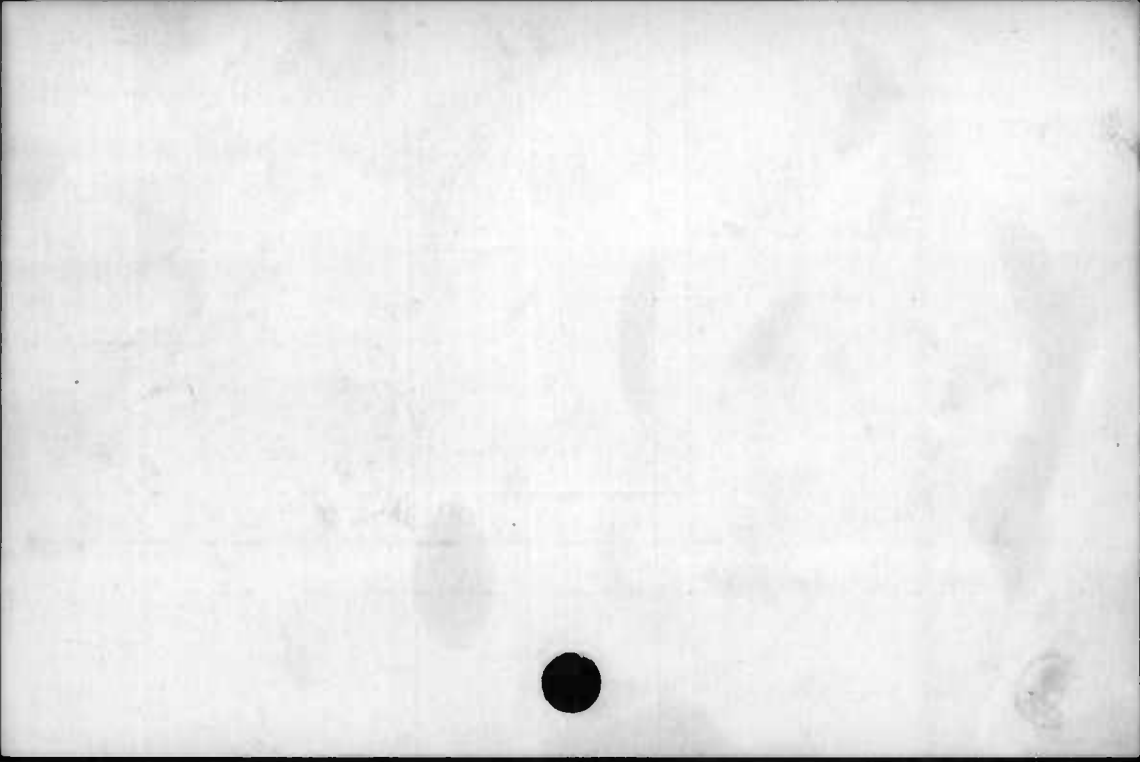
Primary *Duntion* How long *151*

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *W. H. Gibson*Address *Croom Md*PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Eslia Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		1906	Month	1	Day	Age about	Years
Sex		Female		Color or Race		Colored	
Occupation		Midwife		Where Residing if not at place of death		Birthplace	
Married, Single or Widowed		Widow		Name of Wife or Husband		None	
Father's Name		Henry Hall		Father's Birthplace		None	
Mother's Maiden Name		Caroline		Mother's Birthplace		None	
Name of person giving information		Herbert Young		How related to deceased		Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular Heart disease	How long	Not known
Immediate	Failure of circulation	How long	a few minutes
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Accident or Suicide?		Address	

